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SECRETARY OF SAAR TALLAHASSEE, FLORD

D O'KEEFE NOV 17 2016

COVER LETTER

TO: Registration Section Division of Corporations
Form Factory L.L.C.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Lower
Name of Person
Firm/Company
18281 Fuchsia Road
Address
Fort Myers, FL 33967
City/State and Zip Code
mhlower@me.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Lower at (239) 851-1327
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Form Factor	y L.L.C.
(M	lust end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address	:	
		1 11 1 11 11 11 11 23
The mailing address and	street address of the principal office of the	he Limited Liability Company is:
-	Principal Office Address:	Mailing Address:
<u>.</u>	•	

The name and the Florida street address of the registered agent are:

Matt	hew Lower	
	Name	
18281	Fuchsia Road	
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
Fort Myers	FL	33967
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 HOV 14 AN 11: 4

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized	Mamhau			
"MGR" = Manager	iviembei			
AMBR		Matthew Lower		
	-	18281 Fuchsia Road		
		Fort Myers, FL 33967		
	_			
			_	
	-			
	_			
(Use attachment if nece	essary)			
FV. Effective date if	other than the data of file.	g: January 1st, 2017	IONALY	
of filing.) f the date inserted in thi	s block does not meet the n the Department of State	nd cannot be more than five business days per applicable statutory filing requirements, this e's records.		·
of filing.) If the date inserted in this Imment's effective date of	s block does not meet the n the Department of State	applicable statutory filing requirements, this		·
of filing.) If the date inserted in this iment's effective date of the control of	s block does not meet the n the Department of State, if any.	e applicable statutory filing requirements, this	s date will not	·
of filing.) If the date inserted in this imment's effective date of the LE VI: Other provisions REOUIRED SIGNATIONS This did am a	s block does not meet the n the Department of State , if any. FURE: Signature of a member ocument is executed in a ware that any false inform	applicable statutory filing requirements, this	s date will not	·
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