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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | isiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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M. MOON , NOV 21 2016

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--------------------|
| SUBJECT: Dank of America, 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: | |
| John Nichols Name of Person Dank of America, L.L.C. Firm/Company | |
| Name of Person | |
| Dank of America, L.L.C. | |
| | |
| 9608 East State Rd 70 Address | |
| | |
| Bradenton, FL 34202 City/State and Zip Code Johnni Chols de y ahoo. Com E-mail address: (to be used for future annual report notification) | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| | |
| John Wichols at (941), 735-6910 | |
| Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| | 50 |
| Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address New Filing Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32301 | T 17 17 07 27 18 1 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

| RTICLE II - Address: he mailing address and street address of the principal office of | f the Limited Lightlity Company is: |
|--|---|
| | |
| Principal Office Address: | Mailing Address: |
| 8608 East State Rd 70 | 8618 East State Rd 76 Bradentun, FL 34202 |
| procession, 100 34 60 0 | 07KB4919K, FC ST W17 |
| RTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register to there business entity with an active Florida registration.) | |
| he name and the Florida street address of the registered agent | |
| John Nicho | ols eate Rd 70 |
| Name | e |
| | |
| Florida street address (P.O. | |
| Bradenton Fl | 2 34202 |
| | State Zip |
| ving been named as registered agent and to accept service of pr ce designated in this certificate. I hereby accept the appointmen | nt as registered agent and agree to act in this capacity. I |
| ther agree to comply with the provisions of all statutes relating if familiar with and accept the obligations of my position as region | |
| ther agree to comply with the provisions of all statutes relating to familiar with and accept the obligations of my position as region a | Agered agent as provided for in Chapter 605, F.S |
| ther agree to comply with the provisions of all statutes relating to familiar with and accept the obligations of my position as region Registered Ag | gent's Signature (REQUIRED) |
| ther agree to comply with the provisions of all statutes relating to familiar with and accept the obligations of my position as region Registered Ag | gent's Signature (REQUIRED) NTINUED) Page 1 of 2 |

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | |
|--|--|---|
| AMBR | John Ni (bols 8608, East State Rd 10 | |
| MER | Adrian Nichols 8608 fast state Rd 70 Bradenton, FL 3420 | |
| | | |
| (Use attachment if necessary) | | |
| CLE V: Effective date, if other than the date of fili effective date is listed, the date must be specific ate of filing.) | and cannot be more than five business days prior to or 90 | - |
| CLE V: Effective date, if other than the date of fili effective date is listed, the date must be specific ate of filing.) | and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not | - |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet the date inserted on the Department of States. | and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not | - |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet the decument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false informations. | and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not | - |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet the boument's effective date on the Department of State of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a may aware that any false inforconstitutes a third degree felor. Town D. | the applicable statutory filing requirements, this date will not ate's records. To an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State | - |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet the ocument's effective date on the Department of State of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false inforcenstitutes a third degree felor Toy. Toy. | he applicable statutory filing requirements, this date will not ate's records. Tor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S. | - |

ARTICLE IV-

Page 2 of 2