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**FLORIDA LIMITED LIABILITY CO.  
LEADING EDGE PAINT PROTECTION LLC**

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|-----------------------|----------|
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**ARTICLES OF ORGANIZATION**  
**OF**  
**Leading Edge Paint Protection LLC**

*The undersigned member, for the purpose of forming a Limited Liability Company under the Laws of the State of Florida, hereby adopts the following Articles of Organization:*

**ARTICLE I**

***NAME***

The name of the Limited Liability Company shall be:

Leading Edge Paint Protection LLC

**ARTICLE II**

***PURPOSE***

The company is organized for any legal and lawful purpose for which a Limited Liability Company may be organized pursuant to the act.

**ARTICLE III**

***PRINCIPAL OFFICE***

The principal place of business and mailing address of this Limited Liability Company shall be:

6346 Harbour Star Drive

Lake Worth, FL 33467

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**ARTICLE IV**

***INITIAL REGISTERED AGENT AND ADDRESS***

The name and address of the initial agent is:

Brian D. Schenck  
6346 Harbour Star Drive  
Lake Worth, FL 33467

**ARTICLE V**

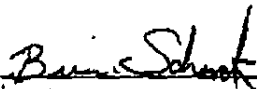
***MEMBERS***

The Members of the Limited Liability Company shall be:

|                  |   |
|------------------|---|
| Managing Member: | Brian D. Schenck                                |
| Address          | 6346 Harbour Star Drive<br>Lake Worth, FL 33467 |

The undersigned has executed these Articles of Organization this

6th day of January 2017.

  
\_\_\_\_\_  
Signature

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In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true..

SIGNATURE Brian Schenck  
Brian D. Schenck

TITLE Managing Member

DATE 1/6/17

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION, 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.

SIGNATURE Brian Schenck

DATE 1/6/17