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**DATE: 2/22/17**

**NAME: TOP TIER CONSUMER SERVICES LLC**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

TOP TIER CONSUMER SERVICES LLC

**ARTICLE II      ADDRESS**

The principal address of the Limited Liability Company is:

6341 OAKSHORE DRIVE

SAINT CLOUD, FLORIDA 34771

The mailing address of the Limited Liability Company is:

PO BOX 160574

ALTAMONTE SPRINGS, FLORIDA 32716

**ARTICLE III      REGISTERED AGENT**

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

HOPE PICKELL

6341 OAKSHORE DRIVE

SAINT CLOUD, FLORIDA 34771

*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.*

X Hope Pickell  
HOPE PICKELL / Registered Agent's signature

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**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

ANNA VILCHES

PO BOX 160574

ALTAMONTE SPRINGS, FLORIDA 32716

AUTHORIZED MEMBER

BROOKE PICKELL

PO BOX 160574

ALTAMONTE SPRINGS, FLORIDA 32716

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x 

ANNA VILCHES / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*