

617000130679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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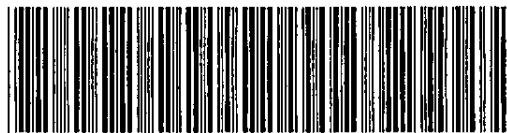
(Business Entity Name)

(Document Number)

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LLC

1. Positively Passive LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**Articles of Organization
For
Positively Passive LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is Positively Passive LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

16850 Collins Ave 112 580
Sunny Isles, FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Legalinc Corporate Services Inc.
5237 Summerlin Commons Suite 400
Fort Myers, FL 33907

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.

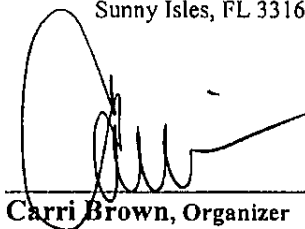


Kristin Prell, Manager

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Anthony Rudd
16850 Collins Ave 112 580
Sunny Isles, FL 33160



Carri Brown, Organizer

17 JUN 16 PM 4:31