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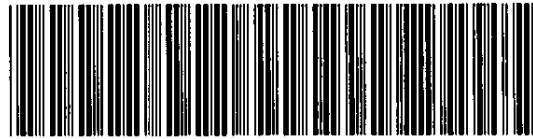
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**DATE: 6/22/17**

**NAME: WILLENBORG FAMILY LLC**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

WILLENBORG FAMILY LLC

**ARTICLE II      ADDRESS**

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

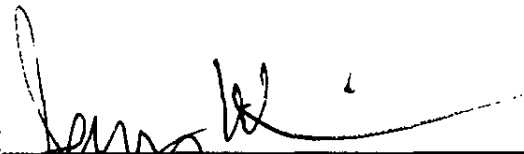
2466 POINCIANA COURT  
WESTON, FLORIDA 33327

**ARTICLE III      REGISTERED AGENT**

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

JERRY WILLENBORG  
2466 POINCIANA COURT  
WESTON, FLORIDA 33327

*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   
\_\_\_\_\_  
JERRY WILLENBORG / Registered Agent's signature

*This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06 F.S.*

17 JUN 2011 8:34

SECRETARY OF STATE  
FLORIDA

PAGE 2      WILLENBORG FAMILY LLC

**ARTICLE IV      AUTHORIZED PERSON(S)**

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

**AUTHORIZED MEMBER**

JERRY WILLENBORG

2466 POINCIANA COURT

WESTON, FLORIDA 33327

**AUTHORIZED MEMBER**

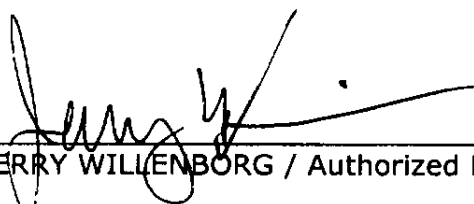
PATRICIA WILLENBORG

2466 POINCIANA COURT

WESTON, FLORIDA 33327

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SECRET  
FLORIDA  
DEPARTMENT OF STATE

.....  
  
X \_\_\_\_\_

JERRY WILLENBORG / 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.)*

*I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.*