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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CUMMINGS & LOCKWOOD, LLC
Account Number : 102336001100
Phone : (239) 649-3101
Fax Number : (239) 430-3344

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: brownex5@comcast.net

FLORIDA LIMITED LIABILITY CO.
SAB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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September 28, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CUMMINGS & LOCKWOOD, LLC

SUBJECT: SAB, LLC
REF: W17000077425

We have received your document for SAB, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P17000053008.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: H17000254634
Letter Number: 317A00019665

**ARTICLES OF ORGANIZATION
FOR
DISWIDOMI, LLC**

**ARTICLE I
Name**

The name of this limited liability company is Diswidomi, LLC (the "Company").

**ARTICLE II
Address**

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

231 Albert Lane
Port Charlotte, FL 33954

**ARTICLE III
PURPOSE**

The purpose for which the Company is organized is for any and all lawful business as a limited liability company.

**ARTICLE IV
Duration**

The period of duration for the Company is perpetual.

**ARTICLE V
Registered Office and Agent**

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

Edward M. Browne
231 Albert Lane
Port Charlotte, FL 33954

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.



Edward M. Browne

ARTICLE VI
Management

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the initial managers of the Company are:

Edward M. Browne
231 Albert Lane
Port Charlotte, FL 33954

Vance M. Wright-Browne
231 Albert Lane
Port Charlotte, FL 33954


ARTICLE VII
Limitation on Agency Authority of Members

Pursuant to section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member, and no member may bind the Company by taking any action solely by virtue of being a member.

ARTICLE VIII
Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Company, as amended and in existence from time to time.

Signed on September 24, 2017.



Edward M. Browne
Authorized Representative

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.