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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: New Fiting Section Division of Corporations
SUBJECT: CâldNattr Signature Acquisitions Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Perreault
Name of Person
Firm/Company
2415 NW 6th St.
Address
Cape Coral, Florida 33993
V+(MUL) (D) almail. (O)
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:		
Goldwater	Signa-Hure	Acquisitions,	LLC
(Must conta	in the words "Limite	ed Liability Company, "L	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principa	l office of the Limited Li	ability Company is:

Principal Office Address:	Mailing Address:
2915 NW Coth St.	
(apr lora), FL 33993.	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Adam Perreau H

Name

2415 NW 6th St.

Florida street address (P.O. Box NOT acceptable)

Capt City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

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

(Use attachment if necessary) (Use attachment if necessary) (I.E. V.: Effective date, if other than the date of filing: (If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days and e of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date inserted on the Department of State's records. (I.E. VI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATURE:	Title:	Name and Address:
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