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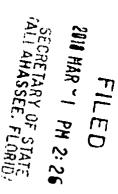
| (Re | equestor's Name) | |
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| (Ac | ldress) | - - |
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| (Ac | ldress) | |
| (Cil | ty/State/Zip/Phone | e #) |
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| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: New Filing Section Division of Corporations | | • |
|---|---|----------------------------|
| SUBJECT: Name of Li | Industries LLC | |
| The enclosed Articles of Organization and fee(s) a | are submitted for filing. | |
| 'Please return all correspondence concerning this n | natter to the following: | Alan Urakk . ex |
| Raiph Hall | Name of Person | _ |
| | | |
| 2301 Old Basah | ridge ré Apt. Baro | |
| Tullahassce, FL | 32303 City/State and Zip Code | |
| | ed for future annual report notification) | |
| For further information concerning this matter, ple | ase call: | |
| Name of Person | Area Code Daytime Telephone Number | <u>्रकः । शक्ष्यस्य इत</u> |
| Enclosed is a check for the following amount: | <u> </u> | |
| \$125.00 Filing Fee Status | \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is en | s & |
| Mailing Address New Filing Section Division of Corporations P.O. Box 6327 | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle | |
| Tallahassee, FL 32314 | 2001 Excentive Center Choice | |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLET | - Name: |
|----------|---------|
|----------|---------|

The name of the Limited Liability Company is:

Nogh 5 Ark I Nost trics (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

| | Principal Office Address: | Mailing Address: | |
|----------|---------------------------------------|---|-----------|
| 2301 | OH Rombidge Id | PP+ BOW 2301 Old Bainhilderd Tallahassee FC 32303 | P171.B210 |
| <u> </u> | | Tallahassee Fl 32363 | |
| | · · · · · · · · · · · · · · · · · · · | <u> </u> | |

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:

Raiph Hall
Name

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

Tollahossep FC 32303

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)

FILED

2011 MAR -1 PM 2:26

SECRETARY OF STATE
FALLAHASSEE. FLORID.

| , | Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | See Sheet : | 1ላቆነ€ |
|-----------------------|---|---|-----------------|--------|
| | Mair | | - - - | |
| | | Tallanassoe + 1 53803 | | |
| | (Use attachment if necessary) | | | • |
| (If an ethe dat Note: | effective date is listed, the date must be spe | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will of State's records. | | (talk |
| ARTIC | CLE VI: Other provisions, if any. | | | |

Signature of a member or an authorized representative of a member.

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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)