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236 East 6th Avenue. Tallahassee, Florida 32303

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3	1920 S. FLORIDA TEA, LLC CORPORATE NAME AND DOCUMENT #)	
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#### FOR

#### 3920 S. FLORIDA TEA, LLC

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

#### ARTICLE 1 - NAME:

The name of the Limited Liability Company shall be: 3920 S. FLORIDA TEA, LLC (the "Company").

#### ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

3904 North Keene Rd. Plant City, FL 33565

#### ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

The address of the initial registered office of the Company in the State of Florida is One Lake Morton Dr., Lakeland, FL 33801, and the name of the registered agent at such address is Keith C. Smith, Esq.

#### ARTICLE IV - MANAGEMENT:

The Company shall be managed by one or more Managers. The name and address of the initial Manager is:

David M. Sullivan 3904 North Keene Rd. Plant City, FL 33565

David M. Sullivan, Organizer

#### <u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

l.	The name of the compa	my is:

3920 S. FLORIDA TEA, LLC

2. The name and address of the registered agent and office is:

Keith C. Smith, Esq. One Lake Morton Dr. Lakeland, FL 33801

David M. Sullivan, Organizer

DATE STORY 15 2118

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.

Keith C. Smith. Ex

DATE