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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

| TO: | New Filing Section Division of Corporations | | eba _b |
|-----------|---|---|---|
| SUBJE | Finfrock Technologies, LLC | | |
| SUBJE | Name of | Limited Liability Company | |
| The en | closed Articles of Organization and fee(s |) are submitted for filing. | |
| Please | return all correspondence concerning this | matter to the following: | |
| | Steven Lockhart | | |
| | | Name of Person | |
| | Finfrock Enterprises, LLC | | |
| | | Firm/Company | |
| | 2400 Apopka Blvd. | | |
| | | Address | |
| | Apopka, FL 32703 | | |
| | | City/State and Zip Code | |
| | SLockhart@Finfrock.com E-mail address: (to be u | sed for future annual report notification) | . |
| For furth | ner information concerning this matter, pl | | |
| | Steven Lockhart | 407 293-4000 | |
| | | () | |
| | Manie of Ferson | Area code Dayune Pelephone (valuoe) | |
| Enclose | ed is a check for the following amount: | | |
| \$125.0 | 00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status} | Certified Copy Certified (additional copy is enclosed) Certified | Filing Fec, ate of Status & I Copy I copy is enclose |
| | Mailing Address | Street Address | |
| | New Filing Section Division of Corporations | New Filing Section Division of Corporations | |
| | P.O. Box 6327 | Clifton Building | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| Finfrock Technolog | ies. LLC | | | |
|---|---|--|--|-------------------|
| | tain the words "Limited Li | iability Company, | "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| The mailing address and street a | iddress of the principal offi | ice of the Limited | Liability Company is: | |
| Princip | oal Office Address: | | Mailing Address: | |
| 2400 Apopka Blvd. | | 2400 | Apopka Blvd. | |
| Apopka, FL 32703 | | Ano | oka, FL 32703 | |
| ARTICLE III - Registered Ag | | Registered Agen | | |
| ARTICLE III - Registered Ag | y cannot serve as its own R active Florida registration. | Registered Agent. \(\) | it's Signature: | |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an | y cannot serve as its own R active Florida registration. | Registered Agent. \(\) | it's Signature: | ر. د - - |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an | y cannot serve as its own R active Florida registration. address of the registered a Steven Lockhart | Registered Agent. \(\) | it's Signature: | ر. د - - |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an | y cannot serve as its own R active Florida registration. address of the registered a Steven Lockhart | Registered Agent. Segistered A | it's Signature: | ر. د - - |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an | y cannot serve as its own R active Florida registration. address of the registered a Steven Lockhart | Registered Agent (legistered A | it's Signature: You must designate an individual or | ر. د - - |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an | y cannot serve as its own R active Florida registration. address of the registered a Steven Lockhart 2400 Apopka Blvd. | Registered Agent (legistered A | it's Signature: You must designate an individual or | |

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

| Jese attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in decordance 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. Donald J. Smyrk, Authorized Person Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | <u>Fitle:</u> 'AMBR" = Authorized Member | Name and Address: |
|---|--|--|
| Jise attachment if necessary) V: Effective date, if other than the date of filing: | | |
| Jise attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) to date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of hember 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. Donald J. Smyrk, Authorized Person Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | | Finfrock Enterprises LLC |
| Apopka, FL 32703 Jose attachment if necessary V: Effective date, if other than the date of filing: | | |
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| 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) | This document is executed in I am aware that any false info | in accordance with section 605.0203 (1) (b), Florida Statutes. Ormation submitted in a document to the Department of State |
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| Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) | | thorized Person |
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