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Division Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : DILL, EVANS & ASSOCIATES

Account Number : I20090000004 : (772)589-1212 Phone : (772)589-5212 Fax Number

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

Email: Address: BRUCE - A - MASTERS @ GMAIL - COM

FLORIDA LIMITED LIABILITY CO.

Supporting Local Business, LLC

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Certificate of Status	0
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ARTICLES OF ORGANIZATION SUPPORTING LOCAL BUSINESS, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Supporting Local Business, LLC

ARTICLE II - Address:

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

> 401 Concha Drive Sebastian, Florida 32958

ARTICLE III - Registered Agent and Registered Office:

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

Bruce A. Masters 401 Concha Drive Sebastian, Florida 32958

ARTICLE IV - Management:

The Company is to be managed by the members.

ARTICLE V- Limitation on Agency Authority of Members:

Pursuant to Section 605.04074(2)(a) of the Florida Revised Limited Company Actiono member of the Company shall be an agent of the Company solely by virtue of being a member

ARTICLE VI - Effective Date:

The effective date of these Articles of Organization shall be the date of filing with the in Florida Department of State.

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ARTICLE VII - Members/Mangers:

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

Title Name and Address

Member Bruce A. Masters, 401 Concha Drive, Sebastian, FL 32958 Member Michele Smith, 401 Concha Drive, Sebastian, FL 32958

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 14 day of November, 2018.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that may false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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

Bruce A. Masters 401 Concha Drive Sebastian, Florida 32958

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 statues 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 form Chapter 605, Florida Statutes.

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