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DATE: 11/16/18

NAME: SUNSTATE PRO LLC

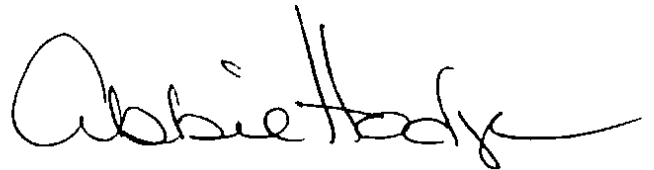
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AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "Abbie Hodge", is written over the authorization text.

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

SUNSTATE PRO LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

1349 CAPRI DRIVE

PANAMA CITY, FLORIDA 32405

The mailing address of the Limited Liability Company is:

PO BOX 881117

PORT ST LUCIE, FLORIDA 34988

ARTICLE III REGISTERED AGENT

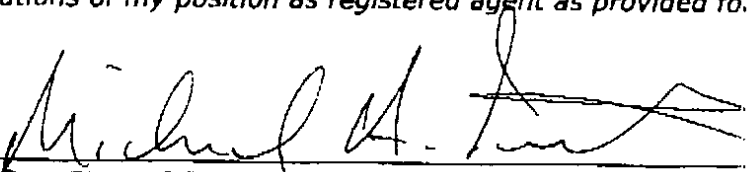
The name and the Florida street address of the registered agent are:

MICHAEL FROST

1349 CAPRI DRIVE

PANAMA CITY, FLORIDA 32405

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.

x 
MICHAEL FROST / Registered Agent's signature

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IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

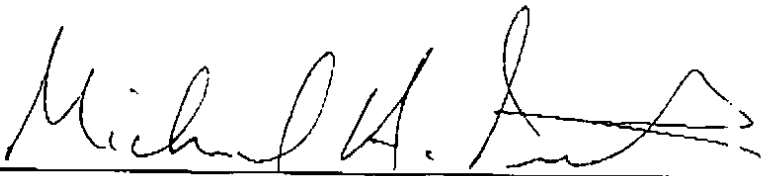
MICHAEL FROST

PO BOX 881117

PORT ST LUCIE, FLORIDA 34988

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PORT ST LUCIE, FLORIDA

.....

x 
MICHAEL FROST / Authorized Representative's signature

(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 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.)