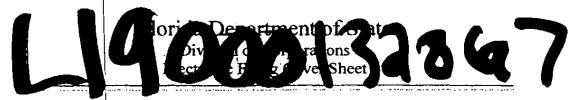
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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FLORIDA LIMITED LIABILITY CO. **DEVON LLC**

Certificate of Status	0	
Certified Copy	1	
Page Count	02	
Estimated Charge	\$155.00	

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Help

(((1119000168673 3))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: DEVON LLC (Must end with 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: Mailing Address: Principal Office Address: SAME 640 DEVON ROAD VENICE, FL 34293 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: LIAM O'CONNOR Name 640 DEVON ROAD Florida street address (P.O. Box NOT acceptable) 34293 State Zip City

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..

/s/ LIAM O'CONNOR

Registered Agent's Signature (REQUIRED)

LIAM O'CONNOR (CONTINUED)

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ARTICLE IV-	()()	119000168673 3)))
The name and address	of each person authorized to manage and control the Limited Liability Company:	
Title:	Name and Address:	
"AMBR" = Authorized	Member	
"MGR" = Manager AMBR	LIAM O'CONNOR	_
	640 DEVON ROAD	-
		•
		-
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(Use attachment if nec	essary)	
ARTICLE V. Effective date if	other than the date of filing: (OPTIONAL)	
(If an effective date is listed, the	e date amst be specific and cannot be more than five business days prior to or	₩ days after
the date of filing.) Note: If the date inverted in this	s block does not meet the applicable statutory filing requirements, this date will n	ot be listed as
the document's effective date of	n the Department of State's records.	
ARTICLE VI: Other provisions	if any.	
THE LIMITED LIABILITY COMPA	NY, TO THE FULLEST EXTENT PERMITTED UNDER THE FL LIMITEI SAME MAY BE AMENDED AND/OR SUPPLEMENTED, FROM TIME	<u>) LIAB</u> ILITY
INDEMNIFY ANY AND AL	L PERSONS QUALIFIED TO BE INDEMNIFIED PURSUANT THERET	0
<u>REQUIRED</u> SIGNA'		
	/s/ LIAM O'CONNOR Signature of a member or an authorized representative of a member.	-
This d I am a	ncument is executed in accordance with section 605.0203 (1) (b), Florida Statutes ware that any false information submitted in a document to the Department of States	ZOI9 HAY
consti	cutes a third degree felony as provided for in s.817.155, F.S.	i i
	LIAM O'CONNOR 7:	
	Typed or printed name of signed	
eige on Edua - Paul	Filing Fres: Or Articles of Organization and Designation of Registered Agent	
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