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| ARTICLES  | F ORGANIZATION FO   | R FLORIDA LIN  | LITED LIABILITY COMPANY   |                          |             |
|---|---|--|---|--------------------------|-------------|
| ARTICLE I - Name:<br>The name of the Limited Liabil       | ity Company is:   |  |   |                          |             |
|   | Islamorada \  | acht Services I  | LC  |                          |             |
| (Must con   | tain the words "Limited   | d Liability Com  | pany, "L.L.C.," or "LLC.")  |                          |             |
| ARTICLE II - Address:<br>The mailing address and street a | uddress of the principal  | office of the Li   | mited Liability Company is:   |                          |             |
| Princip   | al Office Address:  |  | Mailing Address:  |                          |             |
| 162 Venetian Drive,                                       | Islamorada, FL 33036  | <del></del>  | 10 N. Southwood Drive, Nashua, N  | <u>1H 03063</u>          |             |
| another business entity with an a                         | active Florida registrati   | on.)<br>d agent are:                                     | ent. You must designate an individu   | လ<br>က                   | 2019        |
|   |   | Name   |   | CRE                      | 02 AON 6102 |
|   | 162 Venetian Drive  | <u> </u>   |   | LETARY OF STAT           | ¥ 2         |
|   | Florida street addres   | ss (P.O. Box <u>N</u>                                    | IT acceptable)  |                          |             |
|   | Islamorada  | FL   | 33036   |                          | ×           |
|   | City  | State  | Zip   | STAT                     | 9: 40       |
| further agree to comply with the pro-                     | I hereby accept the appovisions of all statutes r<br>ligations of my position | ointment as reg<br>elating to the pr<br>as registered ag | r the above stated limited liability consistered agent and agree to act in this oper and complete performance of ment as provided for in Chapter 605. In the grature (REQUIRED) | mpany at the capacity. I | 0           |
|   | -   | (CONTINUI  | CD)   |                          |             |

| Title: "AMBR" = Authorized Member  | Name and Address:   |
|--|---|
| "MGR" = Manager  |   |
| MGR  | James R. Carmichael   |
|  | 162 Venetian Drive, Islamorada, FL 33036  |
|  |   |
| MGR  | les all w   |
| <u></u>  | Jacqueline Hayes  |
|  | 162 Venetian Drive, Islamorada, FL 33036  |
|  | SECRETI   |
|  | ECRETARY OF STALLANDSSE?  |
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| (Use attachment if necessary)  | - r. <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>  |
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ARTICLE IV-

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\$ 5.00 Certificate of Status (Optional)