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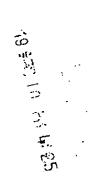
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/10/2019	**WALK IN
440 ME	···
ENTITY NAME 440 ME	ROURY, LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXX	Plain Copy
	Certified Copy
	Certificate of Status
	Certified Copy of Arts & Amendments Certificate of Good Standing
	Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends. **APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINAT	
NUMBER OF CERTIFICA.	TES REQUESTED
TOTAL OWED 125.00	снеск # ⁷⁰¹⁹
Please call Tina at ti	he above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: 440 Mercury, LLC (Must contain 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: Principal Office Address: Mailing Address: 126 Diane Circle 126 Diane Circle Indialantic, FL 32903 Indialantic, FL 32903 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: William Wayne Snyder Name 126 Diane Circle

Having been named as registered agent and to accept service of process for the above stated limited hability 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.

Florida street address (P.O. Box NOT acceptable)

State

Zip

Indialantic, FL 32903 City

(CONTINUED)

"MGR" = Manager AMBR William Wayne Snyder 126 Diane Circle Indialantic, FL 32903 AMBR Michelle Snyder 126 Diane Circle Indialantic, FL 32903 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days are of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records. CLE VI: Other provisions, if any.	<u>Title:</u> "AMBR" = A	uthorized Member	Nam	e and Address:		
AMBR Michelle Snyder 126 Diane Circle Indialantic, FL 32903 (Use attachment if necessary) CLE V: Effective date, if other than the date of fiting:		nager	<u>Will</u>	iam Wayne Snyder		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:						
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	AMBR		Mich	ielle Snyder		
CLE V: Effective date, if other than the date of filing:			126 India	Diane Circle Ilantic, FL 32903		
CLE V: Effective date, if other than the date of filing:				···		
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Signature of a member or an authorized representative of a member.	CLE V: Effective flective date is e of filing.) If the date insercument's effecti	e date, if other than the listed, the date must ted in this block does we date on the Depar rovisions, if any. SIGNATURE:	not meet the applicatement of State's recon	ot be more than five to	ousiness days prior	e will not be lis
Signature of a member 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 States constitutes a third degree felony as provided for in s.817.155. F.S.	CLE V: Effective ffective date is e of filing.) If the date inser- cument's effecti CLE VI: Other p	e date, if other than the listed, the date must ted in this block does ted in the Department of the Department of the Signature of This document is I am aware that an	not meet the applicatement of State's record a member or an autority and accordance of state in accordance of state information sulfates.	thorized representative with section 605.02	ive of a member. 03 (1) (b), Florida 3 to the Department	e will not be lis SECRETARY TALLARY of Statutes Statutes

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)