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# CORPORATE ACCESS,

### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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SPEC INSTI		CTIONS:	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CL	E I	- i	Nα	me

The name of the Limited Liability Company is:

#### CRD Mobile Cleanrooms, 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:

4830 W Kennedy Blvd. Suite 600 Tampa, FL 33609 4830 W Kennedy Blvd. Suite 600 Tampa, FL 33609

#### 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:

KMG CPA, LLC

Name

1101 Miranda Lane Suite 109

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

Kissimmee FL 34'
City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JAN 17 PM 4: 01

MGR Brian Clark  4830 W Kennedy Blvd. Suite 600  Tampa, FL 33609  Alfonso Traina II  4830 W Kennedy Blvd. Suite 600  Tampa, FL 33609  (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  (OPTIONAL)  I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occument's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  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.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the of filing.)  if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list becument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a unshaber or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	"MGR" = Manager	
Alfonso Traina II  4830 W Kennedy Blyd, Suite 600  Tampa, FL 33609  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days atte of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occument's effective date on the Department of State's records.  REQUIRED SIGNATURE:  Signature of a missibler or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	MGR	Brian Clark  4830 W Kennedy Rhyd Snite 600
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constitutes a third degree felony as provided for in s.817.155, F.S.	CLE V: Effective date, if other than effective date is listed, the date conte of filing.)  If the date inserted in this block discurrent's effective date on the Department's Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document	pes not meet the applicable statutory filing requirements, this date will not be lists artment of State's records.  Of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
Amanda J. Beren	CLE V: Effective date, if other than effective date is listed, the date in the of filling.)  If the date inserted in this block dicument's effective date on the Dep CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware that constitutes a thi	est be specific and cannot be more than five business days prior to or 90 days a person of meet the applicable statutory filing requirements, this date will not be listed artment of State's records.  The of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.

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)