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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CLUTTER PROOF RESIST	TANCE, LLC	
		A
,		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Ait, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
<u></u>		Driving Record
Requested by:		UCC 1 or 3 File
<u> </u>		UCC 11 Search
Name Date	Time	UCC Retrieval
Walk-In Will F	Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liabil	
	ity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6511 Maloney Avenue	6511 Maloney Avenue
#7	# 7
Key West, FL 33040	Key West, FL 33040
RTICLE III - Registered Agent, Registered Office, & Rene Limited Liability Company cannot serve as its own Regiother business entity with an active Florida registration.) e name and the Florida street address of the registered agen	gistered Agent's Signature: stered Agent. You must designate an individual or
RTICLE III - Registered Agent, Registered Office, & Rene Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or

S 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.,

State

Lakeland

City

Registered Agent's Signature (REQUIRED)

33803

Zip

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Cayee C. Whitlock 6511 Maloney Avenue, #7 Key West, FL 33040
•	ate of filing: (OPTIONAL)
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does no	ate of filing:
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 dot meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 dot meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any file.	prepare or an authorized representative of a member. To a coordance with section 605.0203 (1) (b), Florida Statutes. Talse information submitted in a document to the Department of State.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any file.	newber or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

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

ARTICLE IV-