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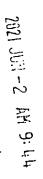
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| | ew Filing Sec ivision of Cor | | | | |
|----------------|---------------------------------|--|----------------|---|---|
| SUBJECT | Flippin' The | Bay, LLC | | | |
| | | Name of Lir | nited Liabili | ty Company | |
| The enclos | ed Articles of | Organization and fee(s) ar | e submitted | for filing. | |
| Please retu | m all correspo | ndence concerning this ma | atter to the f | ollowing: | |
| | Richard Harr | elson , TIL | | | |
| | | | Name of | Person | |
| | Flippin' The I | Bay, LLC | | | |
| | | | Firm/Co | npany | |
| | 4204 Imperia | l Eagle Dr | | | |
| | | 1 | Addre | ess | |
| | Valrico, FL 3 | 3594 | | | |
| s | sandy.shorr@l | | ity/State and | l Zip Code | |
| _ | Е | -mail address: (to be used | for future a | nual report notificat | ion) |
| For further in | nformation con | cerning this matter, please | call: | | |
| | Sandy Shorr | 25 at (| 3 | 686-4170 | |
| | Name | of Person A | rea Code | Daytime Telephon | e Number |
| Enclosed is | a check for th | e following amount: | | | |
| □\$125.00 | Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certific | .00 Filing Fec & d Copy l copy is enclosed) | ■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Address ing Section | | Street Address New Filing Section Di | ivision |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabili | ty Company is: | | |
|--|--|---------------------------|--|
| Flippin' The Bay, LL | .c | | |
| (Must cont | tain the words "Limited | Liability Compar | ny, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal | office of the Limi | ted Liability Company is: |
| <u>Princip</u> | al Office Address: | | Mailing Address: |
| 4204 Imperial Eagle | Dr | 42 | 204 Imperial Eagle Dr |
| Valrico, FL 33594 | | | alrico, FL 33594 |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street | cannot serve as its own active Florida registrati | n Registered Ager on.) | gent's Signature: it. You must designate an individual or |
| | - | - | |
| | Richard Harrelson, I | II Name | |
| | | Name | |
| | 4204 Imperial Eagle | | <u> </u> |
| | Florida street addres | ss (P.O. Box <u>NO</u> T | acceptable) |
| | Valrico | FL | 33594 |
| | City | State | Zin |

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..

(CONTINUED)

Signature (REQUIRED)

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

| AMBR Rebecca Harrelson 4204 Imperial Eagle Dr Valrico, FL 33594 AMBR Sandra Shorr 4002 Eagles Nest Dr Valrico, FL 33596 AMBR Richard Harrelson, III 4204 Imperial Eagle Dr Valrico, FL 33596 AMBR Richard Harrelson, III 4204 Imperial Eagle Dr Valrico, FL 33594 OPTIONAL) Tive date is listed, the date must be specific and cannot be more than five business days prior to or filling.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will rent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a membekor and 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 State constitutes a third degree felony as provided for in s.817.155, F.S. RICHARD C. HARRELSON III. Typed or printed name of signee Filing Fees; 30.00 Certificate of Status (Optional) | "AMBR" = Authorized Member | Name and Address: | |
|---|--|--|---------------|
| AMBR Rebecca Harrelson 4204 Imperial Eagle Dr Valrico. FL 33594 AMBR Sandra Shorr 4002 Eagles Nest Dr Valrico. FL 33596 AMBR Richard Harrelson. [II 4204 Imperial Eagle Dr Valrico. FL 33594 We Effective date, if other than the date of filing: Valrico. FL 33594 Ve Effective date, if other than the date of filing: Valrico. FL 33594 OPTIONAL) it we date is listed, the date must be specific and cannot be more than five business days prior to or stilling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will rent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a inember or an authorized representative of a member. This document is executed in accordance with section 605.0203 (I) (b). Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. RUMA C. HARLES J. III Typed or printed name of signee Filing Fees: 30.00 Certified Copy (Optional) | | | |
| AMBR Sandra Shorr 4002 Eagles Nest Dr Valrico. FL 33594 AMBR Richard Harrelson. [III 4204 Immerial Eagle Dr Valrico. FL 33594 AMBR Richard Harrelson. [III 4204 Immerial Eagle Dr Valrico. FL 33594 We Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) ne date inserted in this block does not meet the applicable statutory filing requirements. this date will rent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (I) (b). Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. RUMA C. HARLESS TILE Typed or printed name of signee Filing Fees: 30.00 Certified Copy (Optional) | - | D-1 | |
| AMBR Sandra Short 4002 Eagles Nest Dr Valrico. FL 33596 AMBR Richard Harrelson, [III 4204 Imperial Eagle Dr Valrico. FL 33594 Very Effective date, if other than the date of filing: | AMBK | | |
| AMBR Richard Harrelson, III 4204 Imperial Eagle Dr Valrico, FL 33594 V: Effective date, if other than the date of filing: | | | |
| AMBR Richard Harrelson, III 4204 Imperial Eagle Dr Valrico, FL 33594 V: Effective date, if other than the date of filing: | | | |
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| AMBR Richard Harrelson, [1] 4204 Imperial Eagle Dr Valrico, FL 33594 V: Effective date, if other than the date of filing: | | 4002 Eagles Nest Dr | |
| Jes attachment if necessary) V: Effective date, if other than the date of filing: | | Valrico, FL 33596 | |
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