

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. CENTRAL FLORIDA INDUSTRIES LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "L	DA INDUSTRIES LLC imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the princ	ripal office of the Limited Liability Company is:	
Principal Office Address:	Malling Address:	
5030 GRAMONT AVE	5030 GRAMONT AVE	
BELLE ISLE, FL 32812	BELLE ISLE, FL 32812	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as it another business entity with an active Florida regi	s own Registered Agent. You must designate an individual c	202J AUG
(The Limited Liability Company cannot serve as it	s own Registered Agent. You must designate an individual of stration.) istered agent are:	625 Ph
(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region CHAD ROSE	s own Registered Agent. You must designate an individual of stration.) istered agent are:	PH :
(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region CHAD ROSE 5030 GRAMONT A	s own Registered Agent. You must designate an individual of stration.) istered agent are:	<u>p</u> :
(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region CHAD ROSE 5030 GRAMONT A Florida street address (P.)	s own Registered Agent. You must designate an individual of stration.) istered agent are: Name VE D. Box NOT acceptable)	PM 2:
(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region CHAD ROSE 5030 GRAMONT A	s own Registered Agent. You must designate an individual of stration.) istered agent are: Name VE Roy NOT acceptable)	PM 2:

Registered Agent's Signature (REQUIRED)

Chapter 605, F.S..

CHAD ROSE

(CONTINUED)

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<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	CHAD ROSE
	5030 GRAMONT AVE BELLE ISLE, FL 32812
V: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date ctive date is listed, the date must be sperfilling.)	
V: Effective date, if other than the date ctive date is listed, the date must be speffling.)	
V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) VI: Other provisions, if any.	
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section to constitutes an affirmation unlimited any false in	
REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation unlimber any false in	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State

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