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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : INGRID M. BACHELOR C.P.A.  
Account Number : I20000000120  
Phone : (954)421-3310 752-2758  
Fax Number : (954)752-4183

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ingrid@bachelorandassociates.com**FLORIDA LIMITED LIABILITY CO.****Loyalist Enterprise, LLC**

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE  
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**ARTICLES OF ORGANIZATION  
OF****Loyalist Enterprise, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I  
NAME**

The name of this limited liability company is:

**Loyalist Enterprise, LLC****ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

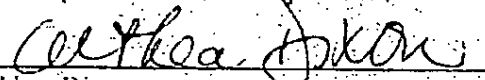
3076 El Camino Real  
West Palm Beach, FL 33409

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Althea Dixon  
3076 El Camino Real  
West Palm Beach, FL 33409

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.

  
Althea Dixon  
Registered Agent

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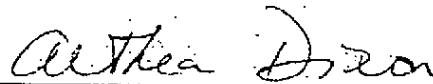
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**ARTICLE IV  
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Althea Dixon  
3076 El Camino Real  
West Palm Beach, FL 33409

Manager



Name: Althea Dixon

Title: Authorized Representative of the  
Members.

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. 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.)

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