Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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nt Name	: VCORP SERVICES, LLC	<b>9</b>
nt Number	: 120080000067	. 5
<b>!</b>	: (845)425-0077	18 C
lumber	: (845)818-3588	
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## FLORIDA LIMITED LIABILITY CO. FLIPPIN AP, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Jacksonville, FL 32224

FLIPPIN AP, 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:	
4309 Pablo Oaks Ct	

4309 Pablo Oaks Ct Jacksonville, FL 32224

Mailing Address:

## 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:

Vcorp Services, LLC		
	Nina	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Plantation	FL	33324
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 Fis 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 Capter 605, ISS

Milriam Nachison
Assistant Secretary

Registered Agent's Signature (REQ) RED

(CONTINUED)

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"MGR" = 3	- Authorized Member Manager	Name and Address:
MGR		Flippin Fun Group LLC 4309 Pablo Oaks Ct. Jacksonville, FL 32224
(Use attach	ment if necessary)	
ective date of filing.) the date in	is listed, the date mus serted in this block do	the date of filing (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 da  ses not meet the applicable statutory filing requirements, this date will not be artment of State's records.
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·	ED SIGNATURE:	

Filing Fees:

Typed or printed name of sign €

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Drew Moss

PEB-1 AM 9: 25