

# L22000151370

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DIVISION OF CORPORATIONS  
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### FLORIDA LIMITED LIABILITY CO. CIP Industries, LLC

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

CIP Industries, LLC

**ARTICLE II**  
**Address**

The initial street address of the principal office and mailing address of this Limited Liability Company is:

401 Edwards Street, Suite 2100  
Shreveport, LA 71101

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one (1).

The name and address of the initial manager of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
William J. Casten	401 Edwards Street, Suite 2100 Shreveport, LA 71101

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**ARTICLE V  
Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Benjamin Brock Poe  
311 Mill Creek Drive  
Southport, FL 32409

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*

Benjamin B Poe  
**REGISTERED AGENT'S SIGNATURE**

*In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the 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 in Section 817.155, Florida Statutes.*

William J. Casteo  
**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

William J. Casteo, Authorized Representative  
Type or printed name of signee

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