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سدام دا

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| 3315 US HIGHW | AY 301, LLC | | |
|---------------|--------------|------|--------------------------------|
| | | | |
| | | | |
| | | | Art of Inc. File |
| | | | LTD Partnership File |
| | | \ | Foreign Corp. File |
| | | 1 _ | L.C. File |
| | | _ | Fictitious Name File |
| | | _ | Trade/Service Mark |
| | | | Merger File |
| | | _ | Art, of Amend, File |
| | | _ | RA Resignation |
| | | _ | Dissolution / Withdrawal |
| | | | Annual Report / Reinstatement |
| | | | Cert. Copy |
| | | _ | Photo Copy |
| | | _ | Certificate of Good Standing |
| | | _ | Certificate of Status |
| | | _ | Certificate of Fictitious Name |
| | | | Corp Record Search |
| | | _ | Officer Search |
| | | _ | Fictitious Search |
| Signature | | | Fictitious Owner Search |
| | | | Vehicle Search |
| | | | Driving Record |
| Requested by: | | | UCC 1 or 3 File |
| Name | Date Ti | me _ | UCC 11 Search |
| | | _ | UCC 11 Retrieval |
| Walk-In | Will Pick Up | | Courier |

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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| ARTICLE I - Name: |
|-------------------|
|-------------------|

The name of the Limited Liability Company is:

| | • |
|-----|---------------|
| SEC | [|
| TAL | LAHASSEE. FI |
| 7,4 | EMINASSEE. FL |
| | SECI TAL |

ARTICLE II - Address:

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

| <u>Princi</u> | pal Office Address: | | Mailing Address: |
|--|---|---|---|
| 9403 9th Ave NW | | | 9403 9th Ave NW |
| Bradenton, FL 342 |)9 | | Bradenton, FL 34209 |
| ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an The name and the Florida stree | y cannot serve as its ow active Florida registrati | n Registered A on.) ed agent are: | d Agent's Signature: gent. You must designate an individual or |
| | | Name | |
| | 802 11th Street Wes | st | |
| Florida street address (P.O. B | | | NOT acceptable) |
| | Bradenton | FL | 34205 |
| | 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|--|--|---------------------------------------|
| "MGR" = Manager | Alex Petreas | |
| MGR | 9403 9th Ave NW, Bradenton, FL 34209 | |
| 14600 | 59 1 4 V | |
| MGR | Elizabeth Young 9403 9th Ave NW, Bradenton, FL 34209 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | APR |
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| (Use attachment if necessary) | | |
| LEV: Effective date, if other than the da | ite of filing: (OPTIONAL | L) |
| | specific and cannot be more than five business days prior t | |
| If the date inserted in this block does no | t meet the applicable statutory filing requirements, this date | will not be fisted |
| ument's effective date on the Departmen | nt of State's records. | |
| LE VI: Other provisions, if any. | | |

Signature of a member of an 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.

in, Auth. Rep.

Matthew Lapointe, authorized representative Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)