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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BELTRANO & ASSOCIATES

Account Number : I20010000166 Phone : (561)799-6577 : (561)799-6241 Fax Number

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FLORIDA LIMITED LIABILITY CO. 407 DEV, LLC

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ARTICLES OF ORGANIZATION OF 407 DEV, LLC

ARTICLE I - NAME

The name of the limited liability company is 407 DEV, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

5067 SW Landing Creek Dr. Palm City, FL 34990

5067 SW Landing Creek Dr. Palm City, FL 34990

ARTICLE III - REGISTERED AGENT.
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Aldo Beltrano, Esq. 4495 Military Trail, Suite 107 Jupiter, FL 33458

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.

Aldo Beltrano

Aldo Beltrano, Esq., Registered Agent

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> <u>Name and Address:</u>

From: 5617996241

"MGR" = Manager

"AMBR" = Authorized Member

AMBR Lucas Rossell

5067 SW Landing Creek Dr.

Palm City, FL 34990

AMBR David DeCorso

730 SW Lighthouse Dr. Palm City, FL 34990

AMBR Ethan Beaupre

280 San Remo Dr. Jupiter, FL 33458 SEGRETARY OF STATE

ARTICLE V - EFFECTIVE DATE

The effective date of the limited liability company shall be the date of filing.

ARTICLE VI - PURPOSE

The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the State of Florida.

REQUIRED SIGNATURE:

Signature of a member or 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, FS.

Lucas Rossell, Authorized Representative
Typed or printed name of signee

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