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(((H23000110807 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3948 Fax Number : (516)935-3088

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

Email Address: JENNA.WINKLER@YAHOO.COM

FLORIDA LIMITED LIABILITY CO.

Picket Perfect Solutions LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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H23000110807

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liab | vility Company is: |
|------------------------------|--|
| | Picket Perfect Solutions LLC |
| (Must ei | nd with 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 Linbility Company is:

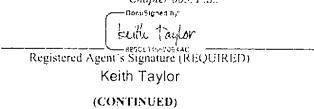
| 4500 Zankar Court | |
|---|----|
| 4509 Zonker Court4509 Zonker CourtTallahassee, FL 32303Tallahassee, FL 3230 |)3 |

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:

| Keith Taylor | <u></u> |
|--------------------------------|---------------------------|
| Nan | ne |
| 4509 Zonker Court | |
| Florida street address (P.O. B | ox <u>NOT</u> acceptable) |
| Tallahassee | FI. 32303 |
| City | 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 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.,



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H23000110807

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager MGR | Jenna Winkler |
| | 4509 Zonker Court |
| | Tallahassee, FL 32303 |
| MGR | Keith Taylor |
| | 4509 Zonker Court |
| | Tallahassee, FL 32303 |
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| E V: Effective date, if other than the date ective date is listed, the date must be specified. | e of filing: |
| ective date is listed, the date must be sp of filing.) | e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) | e of filing: |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) | e of filing: |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) E VI: Other provisions, if any. | Decific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) E VI: Other provisions, if any. | Document by: Juna Winkler |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean (In accordance with section constitutes an affirmation of a mean aware that any false in | Dorusigned by: JULIA Winkler associated representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. aformation submitted in a document to the Department of State |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation of a magnetic date and false in a specific date. | Dorusigned by: JULIA Winkler associated representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. aformation submitted in a document to the Department of State |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a method (In accordance with section constitutes an affirmation of 1 am aware that any false in | Dorusigned by: JULIA Winkler associated representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. aformation submitted in a document to the Department of State |
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