Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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10.	Division of Corporations	> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Fax Number : (850)617-6381	SES
From:		- 100 - 111 - 1
	Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED,	P.A
	Account Number : 072720000036	(7)
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	the email address for this business entity to be used for futural report mailings. Enter only one email address please.**	ture

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FLORIDA LIMITED LIABILITY CO. FIST, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF FIST, LLC

ARTICLE I - NAME

The name of this limited liability company is FIST, LLC (the "Company")

23 APR 37 PM 2: 43 CORETARY OF STATE TALLAHASSEE, FL

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1130 Harbor Way, Apt. #1654, Largo, Florida 33774.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Julia L. Frey.

Julia L. Frey, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

Julia L. Fre