Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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PH 14:	 To:	
တ		Division of Corporations
١	•	Fax Number : (850)617-6381
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9	From:	
$\overline{z}$		Account Name : RASI
7023 HOY		Account Number : I20220000023
•		Phone : (800)221-2972
		Fax Number : (917)243-5843
		the email address for this business entity to be used for future ual report mailings. Enter only one email address please.**

# FLORIDA LIMITED LIABILITY CO. PAYNELESS PARADISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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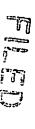
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## ARDCLESCHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## PAYNELESS PARADISE LLC

(Must end 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 Liability Company is:

Principal Office Address:	Mailing Address:	
13 W Lawton St	320 N Burr Oak Ave	
Edgerton, Wisconsin 53534	Oregon Wisconsin, 53575	

## 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:

	Nane					
2894 Remington Green Ln. Ste. A						
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)				
Tallahassee	FL	32308				
Ch:	State	Zip				

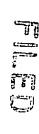
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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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Page Ld2

SECRETALLITISTATE



ARTICLET	v.

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Tyler Payne
	13 W Lawton St., Edgerton, Wisconsin 53534
MGR	Hunter Payne
	5940 W Pomeroy Rd , Edgerton, Wisconsin 53534
	·
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
<u>Note:</u> If the date inserted in this block does not the document's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be listed as out of State's records.
ARTICLEVI: Other provisions, if any.	
REQUIRED SIGNATURE:	Tyler Payne
Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Tyler Payne	
- 1.0. · afric	Typed or printed name of sure

Filing Fox

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2



