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| Special Instructions to Filing Officer: |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability C | Company is: | | | |
|--|--|---|---|--|
| (Must contain | 2 Sunkic | ssed T ty Company, "L.L.C. | rive (| LLC |
| ARTICLE II - Address: The mailing address and street addr | ess of the principal office o | f the Limited Liabilit | ty Company is: | |
| 17.2 5 1 | Office Address: SSED Drive Orings FL 34689 | | Mailing Addr Same | ess: |
| ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an acti | nnot serve as its own Regist ve Florida registration.) | ered Agent, You mu | | lividual or |
| The name and the Florida street add | Elissa | Merri | L + | |
| _ | Florida street address (P.O. Taypon Spring Gity | Box NOT acceptab | Drive le) | |
| _ | | | | |
| Having been named as registered ages place designated in this certificate, I h further agree to comply with the provi- am familiar with and accept the obliga | ereby accept the appointment sions of all statutes relating utions of my position as revi- | nt as registered agent to the proper and cor | t and agree to act to implete performant ded for in Chapter | n this capacity. I re of my duties, and |
| | (CO: | NTINUED) | | |

ARTICLE IV-

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

| Title: | Name and Address: | | |
|--|--|---------|---------------------------|
| "AMBR" = Authorized Member "MGR" = Manager | | | |
| AMBR | Elissa Merritt | | |
| ALIDE | 1717 Sunkissed Drive | | |
| | Tarpon Springs, FL 346 | 89 | |
| 0 | 4 | | |
| AMBR | Alvin Thoreson | | |
| | -2923 180 Th St -Granada MN 56039 | | |
| | Granada, MIO 1003 | | <u>_</u> |
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| | specific and cannot be more than five business days pri | or to c | er yv a |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|--|---------------------|
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") | LC | · |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | |
| Principal Office Address: 1717 Sunkissed Drive Same Tarpon Springs, FL 34689 | <u>. </u> | <u> </u> |
| 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 indivanother business entity with an active Florida registration.) | idual or | |
| The name and the Florida street address of the registered agent are: Florida street address (P.O. Box NOT acceptable) | his capac | in I |
| (CONTINUED) | | 2624 JAN 10 AN 6: 1 |

ARTICLE IV-

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

| Title: Name and "AMBR" = Authorized Member | Address: | | |
|--|--|------------------------|------------------------------------|
| "MGR" = Manager | | | |
| AMBR Elissa | Merritt. | | |
| - 1217 SV Tarpen | springs, FL 34 | 689 | |
| AMBR Alvin | Thoreson | | |
| - Granada | , MN 56039 | · · · · · · | |
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| (Use attachment if necessary) | , | | |
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| 12/28 | /12 | | |
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