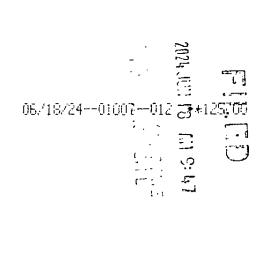
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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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### WALK IN

	PICK U	JP: <u>MISTY 6/18</u>	
	CERTIFIED COPY	-	
XX	РНОТОСОРУ		
	CUS		
XX	FILING	LLC	
1.	RAD UNICORN HOLDIN (CORPORATE NAME AND DOCUM		
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6.			
	(CORPORATE NAME AND DOCUM	IENT #)	
SPECIA	L INSTRUCTIONS:		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RAD UNICORN H				
(Must con	tain the words "Limited	Liability Company,	'L.L.C" or "LLC.")	
FICLE II - Address: mailing address and street :	address of the principal o	office of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
4940 OAK ISLANI	4940 OAK ISLAND ROAD		OAK ISLAND ROAD	
BELLE ISLE, FLO			LE ISLE, FLORIDA 32809	
Limited Liability Compan er business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agent. Yon.)  I agent are:	t's Signature: 'ou must designate an individ	lual or
Limited Liability Compan her business entity with an	y cannot serve as its own active Florida registration address of the registered DAVID A. FURLOW	Registered Agent. Yon.) I agent are:  W Name		lual or
e Limited Liability Compan ther business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agent. Yon.) I agent are:  W Name ROAD	ou must designate an individ	lual or
Limited Liability Compan her business entity with an	y cannot serve as its own active Florida registration address of the registered DAVID A. FURLOW	Registered Agent. Yon.) I agent are:  W Name ROAD	ou must designate an individ	lual or
Limited Liability Compan her business entity with an	y cannot serve as its own active Florida registratic address of the registered DAVID A. FURLOW 4940 OAK ISLAND Florida street address BELLE ISLE	Registered Agent. Yon.) I agent are:  W Name ROAD s (P.O. Box NOT ac	ou must designate an individe ceptable)	lual or
ther business entity with an ename and the Florida street ing been named as registered edesignated in this certificate or agree to comply with the p	y cannot serve as its own active Florida registration address of the registered DAVID A. FURLOW 4940 OAK ISLAND Florida street address BELLE ISLE City agent and to accept serve, I hereby accept the approvisions of all statutes rebligations of my position	Registered Agent. Yon.) I agent are: W Name ROAD s (P.O. Box NOT ac FL State ice of process for the ointment as registere elating to the proper	ou must designate an individ	conipany o is capacity my duties,

(CONTINUED)

#### ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	RAD FAMILY HOLDINGS, 4940 OAK ISLAND ROAD BELLE ISLE, FLORIDA 328		
<del></del>			<u> </u>
			<del></del>
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must the date of filing.)  Note: If the date inserted in this block does	be specific and cannot be more than fiv	ve business days prior to	or 90 days after
the document's effective date on the Depart  ARTICLE VI: Other provisions, if any.		: (*.	
REQUIRED SIGNATURE:	David Furlay,		
This document is of I am aware that an	f a member or an authorized represent executed in accordance with section 605. y false information submitted in a docum	.0203 (1) (b), Florida Stat eent to the Department of S	

constitutes a third degree felony as provided for in s.817.155, F.S.

DAVID A. FURLOW

Typed or printed name of signee

#### Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)