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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

St Arn	old Holdings II, LLC		
	(Must contain the words "Limited Lia	oility Company, "L	.L.C.," or "LLC.")
RTICLE II - Action of mailing address	ddress: ss and street address of the principal offic	e of the Limited Li	ability Company is:
	Principal Office Address:		Mailing Address:
1023 F	Torida Ave	РО Во	x
RTICLE III - R The Limited Liab nother business of	tegistered Agent, Registered Office, & ility Company cannot serve as its own Rentity with an active Florida registration.) Florida street address of the registered ag	Registered Agent's gistered Agent. Yo	
RTICLE III - R The Limited Liab	registered Agent, Registered Office, & ility Company cannot serve as its own Rentity with an active Florida registration.)	Registered Agent's gistered Agent. Yo	s Signature:
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RTICLE III - R The Limited Liab	Registered Agent, Registered Office, & ility Company cannot serve as its own Resentity with an active Florida registration.) Florida street address of the registered agential Melody J Tayler No. 1023 Florida Ave	Registered Agent' gistered Agent. Yo ent are:	s Signature: ou must designate an individual or

(CONTINUED)

ARTICLE IV-

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

***AMBR* = Authorized Member ***MGR* = Manager ** AMBR ***Brian P St Arnold ** 1023 Florida Ave ** Palm Harbor, FL 34683 ** ** (Use attachment if necessary) ** ** ** ** ** ** ** ** **	Title:	Name and Address:		
(Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:		Member		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: Meetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lighter than the date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an authorized/representative of a member. This document is executed in accordance withoetion 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Melody J Tayler Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	"MGR" = Manager			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	AMBR			_
(Use attachment if necessary) ELE V: Effective date, if other than the date of filing:				_
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