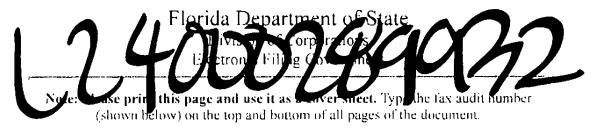
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 : (800)905-9880 Fax Number

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. 3part LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130,00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3oart LLC

(Must contain 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:

Ζφ

9067 Cherry Oaks Trail Unit 2019067 Cherry Oaks Trail Unit 201Naples, Florida 34114Naples, Florida 34114

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

City

(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

David Purdy

Name

9067 Cherry Oaks Trail Unit 201

Florida street address (P.O. Box NOT acceptable)

Naples Florida 34114

State

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 statutus 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..

/S/ David Purdy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	David Purdy
	9067 Cherry Oaks Trail Unit 201 Naples, Florida 34114
,	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the data of filing.) Note: If the date inserted in this block does not document's effective date on the Department ARTICLE VI: Other provisions, if any	
ARTICLE V: Effective date, if other than the date of filing.) Note: If the date inserted in this block does not document's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be listed at ent of State's records
RTICLE V: Effective date, if other than the diff an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does not he document's effective date on the Department (RTICLE VI: Other provisions, if any REOURED SIGNATURE: Signature of a This document is exerted.	of meet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective date, if other than the of an effective date is listed, the date must be e date of filing.) [ote: If the date inserted in this block does not document's effective date on the Department of	/S/ David Purdy member or an authorized representative of a member. ecuted in accordance with section 605,0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State