

Florida Department of State  
**L24000369782**

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : BOSTON PLLC  
 Account Number : 120220000110  
 Phone : (407)574-8400  
 Fax Number : (407)776-3000

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

Email Address: ddoyle@protigee.com

**FLORIDA LIMITED LIABILITY CO.  
 PROTIGEE LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:  
PROTIGEE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4501 W. Rosemere Road  
Tampa, FL 33609

The mailing address of the Limited Liability Company is:  
4501 W. Rosemere Road  
Tampa, FL 33609

**Article III**

The name and Florida street address of the registered agent is:  
WILEY S. BOSTON  
2111 EAST MICHIGAN STREET  
SUITE 136  
ORLANDO, FL. 32806

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, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes 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.

Registered Agent Signature: \_\_\_\_\_  
WILEY S. BOSTON

DocuSigned by:

Wiley Boston

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SECRETARY OF STATE  
DIVISION OF CORPORATE & ORGANIZATIONS

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#### Article IV

The Company is manager-managed. The name and address of person(s) authorized to manage LLC as manager:

Title: MGR  
ANDREW C. DOYLE  
4501 ROSEMERE ROAD  
TAMPA, FL 33609

#### Article V

Although management of the Company is vested in the above-listed Manager, the Company is owned by the following member:

Title: MEMBER  
MRS. CLARE DOYLE  
4501 ROSEMERE ROAD  
TAMPA, FL 33609

Signature of member or an authorized representative

Signature:   
ANDREW C. DOYLE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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