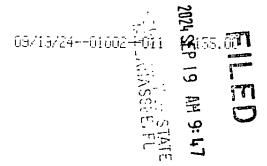
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XX	FILING	_I.I.C		9
1.	DELTA ACQUIST	ION GROUP LLC		M 9: 47
_	(CORPORATE NAME AN)) DOCUMENT #/		· H • • • • • • • • • • • • • • • • • •
2.	(CORPORATE NAME AND	D DOCUMENT #)		
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4.	(CORPORATE NAME AN) DOCUMENT #)		
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6.				
0.	(CORPORATE NAME AN) DOCUMENT #)		-
SPECIAL	L INSTRUCTIONS:			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Delta Acquisition	n Group LLC			
	ain the words "Limited Lia	ibility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal offic	ce of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
1500 E Washington St Muncie, Indiana, 47305			1500 E Washington St Muncie, Indiana, 47305	
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a The name and the Florida street	r cannot serve as its own Reactive Florida registration.)	egistered Agent. ')	You must designate an individu	024 SEP 19 AM 9: 47
	Registered Agents	s Inc.		
	ì	Name		ш, —
	7901 4th St N, Ste	300		
	Florida street address (P.O. Box NOT a	cceptable)	
	St. Petersburg	FL	33702	
	City	State	Zip	
			e above stated limited liability co	amanaman at the

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Richard Shields
	701 Inverness Ln
	Yorktown, IN 47396
AMBR	Jeff Brandenburg
731711111	18 Baral Ridge
	Sharpsburg, GA 30277
AMBR	Kurt Cowgill
7 % 1 7 4 % 7 8 %	701 Inverness Ln
	Yorktown, IN 47396
	2024 SEP
(Use attachment if necessary)	SVIE 61
(out anathment it needs, as y)	CC A
CLE V: Effective date, if other than the date	e of filing: (OPTIONAL) a
effective date is listed, the date must be sp	e of filing: (OPTIONAL) oecific and cannot be more than five business days prior to or 90 day
o of filing)	·
If the date inserted in this block does not a	meet the applicable statutory filing requirements, this date will not be I
cument's effective date on the Department	of State's records.

REQUIRED SIGNATURE:

AJBeren

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 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.

Amanda J. Beren

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)