L95000000273

Law Offices of
MICHAEL J. McDERMOTT, P.A.
701 WEST LUMSDEN ROAD • BRANDON, FLORIDA 33511

MICHAEL J. McDERMOTT
RICKY L. THACKER

TELEPHONE (813) 684-3131
FACSIMILE (813) 654-0052

March 30, 1995

The Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Filing Articles of Organization and
Affidavit for PACKAGE B, L.C.
Our File No.: 95-0017

FILED
95 APR -3 AM 8:58

To Whom It May Concern:

Enclosed please find the following documents to file of record to create the noted limited liability company.

1. Articles of Organization and Affidavit

2. Designation of Registered Agent/Office.

3. A Copy for Certification.

4. A check in the amount of $337.50 for following costs:

a.	Filing Fee for Articles of Organization	$250.00
b.	Designation of Registered Agent/Office	35.00
c.	Certified copy	52.50

I have included a self addressed stamped envelope so that you can return a certified copy of the Articles of Organization once they have been filed.

Should you have any additional information, please do not hesitate to call.

Sincerely,

Michael J. McDermott, Esquire

Dorothy GAVE AUTHORIZATION BY PHONE TO CORRECT Members Address

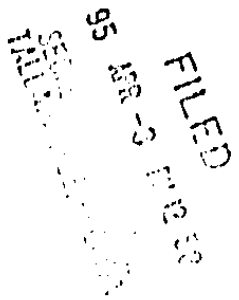
DATE 4/6

DOC. EXAM RAG

MJM/dlc
Enclosures
d\95-0017\sec-st.ltr

RAG 4-6

ARTICLES OF ORGANIZATION
for
Florida Limited Liability Company



ARTICLE I
NAME

The name of the Limited Liability Company is PACKAGE B, L.C.

ARTICLE II
ADDRESS

The street address of the principal office of the Limited Liability Company is 1201 Oakfield Drive, Brandon, Florida 33511 and the mailing address is Post Office Box 1110, Brandon, Florida 33509.

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve is:

WILLIAM D. McKNIGHT
805 Arrowhead Lane, Brandon, FL 33511

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

The following individuals are the members of this Limited Liability Company:

1. WILLIAM D. McKNIGHT AND KATHRYN A. McKNIGHT Tenants by the entireties
2. ROBERT G. McKNIGHT
3. WILLIAM P. McKNIGHT
4. KATHRYN A. McKNIGHT
5. CHRISTINE E. McKNIGHT
6. MICHELLE M. McKNIGHT
7. BRUCE E. McKNIGHT
8. FREDERICK A. KEUNE

All at address of 805 Arrowhead Lane, Brandon, FL 33511

The members shall admit additional members only upon their unanimous consent.

ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS

The members of the limited liability company shall have not right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, except as provided in the Operating Agreement executed by and between the members.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 31 day of MARCH, 1995.

WILLIAM D. McKNIGHT
805 Arrowhead Lane
Brandon, FL 33511
Co-Member

KATHRYN A. McKNIGHT
805 Arrowhead Lane
Brandon, FL 33511
Co-Member

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH }

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared before me WILLIAM D. McKNIGHT, known to me and known by me to be the person who executed the foregoing Articles of Organization, who took an oath, and he acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 31st day of March, 1995.

Donna L. Cuic
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:

DONNA L. CUIC
MY COMMISSION # CC 126643
EXPIRES: August 31, 1995
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH }

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared before me KATHRYN A. McKNIGHT, known to me and known by me to be the person who executed the foregoing Articles of Organization, who took an oath, and she acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 31st day of March, 1995.

Donna L. Cuic
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:

DONNA L. CUIC
MY COMMISSION # CC 126643
EXPIRES: August 31, 1995
Bonded Thru Notary Public Underwriters

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH }

The undersigned member or authorized representative of a member of PACKAGE B, L.C., deposes and says:

1. The above named limited liability company has at least two members.

2. The total amount of cash contributed by the members is $144,210.00.

3. If any, the agreed value of property other than cash contributed by members is $ -0- . A description of the property is attached and made a part hereof.

4. The total amount of cash or property anticipated to be contributed by members is $400,000.00. This total includes amounts from 2 and 3 above.

WILLIAM D. McKNIGHT *Co-Member*

KATHRYN A. McKNIGHT *Co-Member*

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH }

The foregoing instrument was acknowledged before me this 31st day of March, 1995, by WILLIAM D. McKNIGHT, who is personally known to me or who has produced n/a as identification and who ~~did~~ (did not) take an oath.

DONNA L. CUIC
MY COMMISSION # CC 126643
EXPIRES: August 31, 1995
Bonded Thru Notary Public Underwriters

NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH }

The foregoing instrument was acknowledged before me this 31st day of March, 1995, by KATHRYN A. McKNIGHT, who is personally known to me or who has produced n/a as identification and who ~~did~~ (did not) take an oath.

DONNA L. CUIC
MY COMMISSION # CC 126643
EXPIRES: August 31, 1995
Bonded Thru Notary Public Underwriters

NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is PACKAGE B, L.C.

2. The name and address of the registered agent and office is: MICHAEL J. MCDERMOTT, ESQUIRE, 791 West Lumsden Road, Brandon, Florida 33511.

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 agreed 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 obligation of my position as registered agent.

Date: 3-31-95

MICHAEL J. MCDERMOTT, ESQUIRE
MICHAEL J. MCDERMOTT, P.A.
791 West Lumsden Road
Brandon, Florida 33511
(813) 684-3131
Registered Agent for PACKAGE B, L.C.

FILED
95 APR -3 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

d\95-0017\articles.b

FILE NOW: Fee after May 1, will be $263.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 MAY -1 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT #L95000000273

PACKAGE B, L.C.
POST OFFICE BOX 1110
BRANDON FL 33509

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address

1201 OAKFIELD DRIVE
BRANDON FL 33511

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
04/03/1995	FL

4. FEI Number: 59-3305812 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
MCDERMOTT, MICHAEL J ESQ. 791 WEST LUMSDEN ROAD BRANDON FL 33511	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City Zip Code FL

-05/20/96--01111--012
++++238.75 ++++238.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOT Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MCKNIGHT, WILLIAM D	805 ARROWHEAD LANE	BRANDON FL
M	MCKNIGHT, KATHRYN A	805 ARROWHEAD LANE	BRANDON FL
M	MCKNIGHT, ROBERT G	805 ARROWHEAD LANE	BRANDON FL
M	MCKNIGHT, CHRISTINE E	805 ARROWHEAD LANE	BRANDON FL
M	MCKNIGHT, MICHELLE M	805 ARROWHEAD LANE	BRANDON FL
M	MCKNIGHT, BRUCE E	805 ARROWHEAD LANE	BRANDON FL

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Kathryn A McKnight 4/30/96 813-681-5579
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER) Date Daytime Phone #

INHSE10 R(12-95)