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

From: Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ahmed@ag3ncyx.com

**FLORIDA LIMITED LIABILITY CO.
Canvas Freaks Florida, LLC**

Certificate of Status	1
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Page Count	03
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2021
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COVER LETTER

Wednesday, August 18, 2021

To: New Filing Section
Division of Corporation

Subject:
CANVAS FREAKS FLORIDA, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau [727-279-5037](tel:727-279-5037) or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

ARTICLES OF ORGANIZATION
FOR
CANVAS FREAKS FLORIDA, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Canvas Freaks Florida, LLC (the "Company").

ARTICLE II.
Address

The principal office of the Company is:

11300 Space Blvd
Suite 4
Orlando, FL 32837

The mailing address of the Company is:

2261 Centerra Loop
Kissimmee, FL 34741

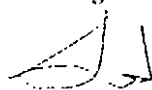
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ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Ahmed Al-Sayeed
2261 Centerra Loop
Kissimmee, FL 34741

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 as provided for in Chapter 605, F.S.



_____ (sign)
Ahmed Al-Sayeed

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Ahmed Al-Sayeed 11300 Space Blvd Suite 4 Orlando, FL 32837
<u>MGR</u>	Atikur Motiwala 11300 Space Blvd Suite 4 Orlando, FL 32837
<u>MGR</u>	Adeeb Zaman 11300 Space Blvd Suite 4 Orlando, FL 32837

ARTICLE V.

The Effective date shall be the date of filing.


 _____ (sign)

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.

 Ahmed Al-Sayeed
 Authorized Representative/Member