

**L220001744133124**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000174413 3)))



H220001744133ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : HILL WARD HENDERSON  
Account Number : 072100000520  
Phone : (813)221-3900  
Fax Number : (813)200-5995

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

Email Address: \_\_\_\_\_

RECEIVED  
2022 MAY 16 PM 3:47  
CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
Yummy Cards, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$155.00 |

2021 MAY 15 PM 12:06  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
CORPORATIONS  
SERVICES  
FILED

((H22000174413 3))

**ARTICLES OF ORGANIZATION  
OF  
YUMMY CARDS, LLC**

The undersigned executes these Articles of Organization of Yummy Cards, LLC to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act:

**ARTICLE I. NAME**

The name of the limited liability company is YUMMY CARDS, LLC.

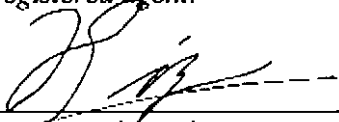
**ARTICLE II. ADDRESS**

The principal address and the mailing address of the limited liability company is 100 North Tampa Street, Suite 2435, Tampa, Florida 33602.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The street address of the initial registered office of the limited liability company is 100 North Tampa Street, Suite 2435, Tampa, Florida 33602, and the name of the limited liability company's initial registered agent at that address is Kiran Lingam.

*Having been named 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.*

  
\_\_\_\_\_  
Kiran Lingam

**ARTICLE IV. MANAGEMENT OF COMPANY**


The limited liability company is a manager-managed limited liability company

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 MAY 16 PM 12:06

FILED

**EXECUTED:** May 16, 2022

  
\_\_\_\_\_  
Kiran Lingam  
Authorized Representative of the Member