5/13/2021

Division of Corputations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 : (365)444-4994 Fax Number : (305)444-4977

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## FLORIDA LIMITED LIABILITY CO. 3212 LU, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ompany, "L.E.C.," or "LEC.")
Limited Liability Company is:  Mailing Address:
601 93rd Ave N.
St. Petersburg, FL 33702
ed Agent's Signature: Agent. You must designate an individual o

Name

8200 113th St. , Suite 103

Florida street address (P.O. Box NOT acceptable)

Seminele FL 33772

City State Zip

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. Thereby 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.

Questica Martin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

To: 18506176381

Title:	Name and Address:
"AMBR" = Authorized Membe	r
"MGR" = Manager	Level Up Holdings, LLC
AMBR	601 93rd Avenue N
	St. Petersburg, FL 33702
	<del></del>
	A. LA
	,,,,,,,, .
F. V: Effective date, if other the ective date is listed, the date is	n the date of filing:
ective date is listed, the date not filling.) The date inserted in this block iment's effective date on the De  J.E. VI: Other provisions, if any.	sust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not partment of State's records.
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F.V: Effective date, if other that ective date is listed, the date in of filling.) The date inserted in this block of ment's effective date on the Desire VI: Other provisions, if any, all business purpose:  REQUIRED SIGNATURE:  Signature This document am aware that	does not meet the applicable statutory filing requirements, this date will not partment of State's records.  The of a member or an authorized representative of a member, it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, it any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.