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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number :

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

: (877)527-3463

Fax Number

: (305)675-2811

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LIMITED LIABILITY COMPANY

Elliot Wainwright LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY Mary Changes

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Elliot Wainwright LLC

ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is:

2707 Saxon Ave

New Smyrna Beach, FL 32169

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

Elliot Wainwright

2707 Saxon Ave

New Smyrna Beach, Florida 32169

Having been named as registered agent 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 608, F.S.,

ARTICLE IV

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

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Elliot Wainwright LLC

ARTICLE V MANAGERS (optional)

Manager:

Elliot Wainwright 2707 Saxon Ave New Smyrna Beach, Florida 32169

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Fiorida Statutes, the execution of this

document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

ELLIOT WAINWRIGHT · Typed or printed name of signee