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Division of Corporations

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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 : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305)416-6800  
Fax Number : (305)416-6811

LIMITED LIABILITY COMPANY

Shak'n Not Stirred, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shak'n Not Stirred, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**23 Quagnut Drive, Wakefield, RI 02879**Mailing Address:**23 Quagnut Drive, Wakefield, RI 02879**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

AGI Registered Agents, Inc.

Name

1200 Brickell Avenue, Ninth FloorFlorida street address (P.O. Box NOT acceptable)MiamiFLORIDA 33131

City, State, and 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, 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, Florida Statutes..*

AGI Registered Agents, Inc.By: 

Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMRonald Smith  
23 Quagnut Drive  
Wakefield, RI 02879

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ronald Smith, Member

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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