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THE JUL 25 P 2: 52

SECRETARY OF STATE
THE MARKETE FLORICA

## TRANSMITTAL LETTER

TO: Registration Section Division of Corpora			-		· · ·
subject:Суа	STORE, LLC. (Name of Limited)	Liability Compa	any)		<u> </u>
The enclosed Articles of Org	anization and fee(s) are sub	mitted for filing	g.		
Please return all corresponde	nce concerning this matter	to the following	<b>;</b> :		
	aniel Geiger	me of Person)			
(	CyaStore, L	LC rm/Company)		· · · · · · · · · · · · · · · · · · ·	
3613	W. OBISPO 5	(Address)		<u>.</u>	
14-1	upa, F1. 33 (City/s	429 tate and Zip Code	÷)	****	
For further information conc	erning this matter, please co	all;			
DANIEL G	reson)	(Area Coo	294- de & Daytime Tel	2785 ephone Number)	
Enclosed is a check for th	e following amount:			SECRETER TALLAH JOS \$160.803	
■ \$125.00 Filing Fee C	\$130.00 Filing Fee & ertificate of Status	☐ \$155.00 F Certified Cop (additional copy	ру	S160.00 Fill Certificate of Copy (additional copy)	ling Fee, Status & St
Registrati Division o 409 E. Ga	ADDRESS: on Section of Corporations ines Street ee, Florida 32399	-	MAILING AE Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	52

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CYASTORE, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3613 W. OBISPO ST TAMPA, Fl. 33629	3613 W. OBISPO ST. THMPA, Fl. 33629
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
DANIEL E Name	BEIGER.
	dress (P.O. Box <u>NOT</u> acceptable)
1 AmpA City, State, a	FL 33629 and Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

	inager(s) or Managi ess of each Manager	<b>ng Member(s):</b> or Managing Member is as follows	s:	
Title: "MGR" = Manager "MGRM" = Manager		Name and Address:		
_"M&RM"	<b>-</b>	DANIEL GEIGER 3013 W. OBISAD S THAMPH, Fl. 3362	<u>'</u> T	- :
"MG RM"		JHSON KENNEY 9830 Laurel Led RIVERVIEW, Fl.	ge DR.	
	-			•
(Use attachment if NOTE: An addit		added if an effective date is requ	uested.	
REQUIRED SIG	NATURE:			•
Ş	Signature of a member of	or an authorized representative of a me	mber.	
;	of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the executes an affirmation under the penalties of pein are true.)  August 72162K d or printed name of signee	ZIOS JUL SECRETA	En-monera
of Regis \$ 30.00 Certified	e for Articles of Organiz tered Agent Copy (Optional) te of Status (Optional)	zation and Designation	ARY OF STATE (SSEE, I LOWLA	