

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) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.**TTK Enterprises, LLC**

Certificate of Status	1
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T. HAMPTON**EXAMINER**

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **TTK Enterprises, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

2233 NW 41st Street, Suite 700-H

2233 NW 41st Street, Suite 700-H

Gainesville, FL 32606

Gainesville, FL 32606

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Trace Geller

Name

900 SW 62nd Blvd., #D26

(P.O. Box or Mail Drop Box NOT Acceptable)

Gainesville, FL 32607

(City / State / Zip)

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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, F.S.


Registered Agent's Signature - Trace Geller

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

H08000192288

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

Title:

"MGR" - Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Trace Geller - 900 SW 62nd Blvd., #D26, Gainesville, FL 32607

MGRM

Travis Geller - 900 SW 62nd Blvd., #D26, Gainesville, FL 32607

MGRM

Kevin Chinoy - 803 North Kilkea Drive, Los Angeles, CA 90046

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Trace Geller

Typed or printed name of signee

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