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Florida Department of State
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To:
Division of Corporations
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From:
Account Name : CSH SERVICES, LLC
Account Number : 12C070300160
Phone : (800) 494-3124
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

THAT WRAPS IT LLC

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Help

H08000209921 3

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
THAT WRAPS IT LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:
2880 SWEETHOLLY DRIVE
JACKSONVILLE, FLORIDA 32223

The mailing address of the Limited Liability Company is:
P.O. BOX 24447
JACKSONVILLE, FLORIDA 32241

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

TERRI E. BROWN
2880 SWEETHOLLY DRIVE
JACKSONVILLE, FLORIDA 32223

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.,

x Terri E. Brown

TERRI E. BROWN / Registered Agent's signature

H08000209921 3

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H08000209921 3

PAGE 2

THAT WRAPS IT LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

TERRI E. BROWN

P.O. BOX 24447

JACKSONVILLE, FLORIDA 32241

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X TERRI E. BROWN

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.

TERRI E. BROWN

H08000209921 3