

# L12000032157

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
Maerd Innovations LLC**

|                       |          |
|-----------------------|----------|
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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**  
In compliance with Chapter 608, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

MAERD INNOVATIONS LLC

**ARTICLE II ADDRESS**

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

503 E JACKSON STREET #149  
TAMPA, FL 33602

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

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

IAN BERRY  
503 E JACKSON STREET #149  
TAMPA, FL 33602

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   
IAN BERRY / Registered Agent's signature

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PAGE 2 MAERD INNOVATIONS 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

IAN BERRY

503 E JACKSON STREET #149

TAMPA, FL 33602

MANAGING MEMBER

WILLIAM SHAHEEN

503 E JACKSON STREET #149

TAMPA, FL 33602

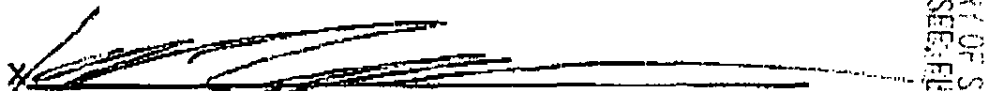
MANAGING MEMBER

DYLAN VIGLIOTTI

503 E JACKSON STREET #149

TAMPA, FL 33602

.....

X   
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.

IAN BERRY

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