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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) 617-6383

From:

Account Name : HARPER, KYNES, GELLER, GREENLEAF & FRAYMAN, P.A.  
Account Number : 070651000745  
Phone : (727) 799-4840  
Fax Number : (727) 797-8206

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

Email Address: billgeffert@gmail.com

FLORIDA LIMITED LIABILITY CO.  
Cheese Gromit, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: CHEESE GROMIT, LLC

**ARTICLE II - ADDRESS**

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

1861 Harmony Dr.  
Clearwater, FL 33756

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE**

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

William Geffert  
1861 Harmony Dr.  
Clearwater, FL 33756

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.

  
William Geffert, Registered Agent

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

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## ARTICLE V - MANAGERS

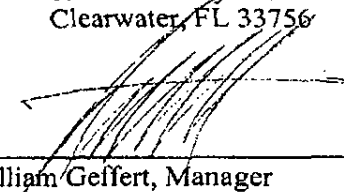
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

William Geffert  
1861 Harmony Dr.  
Clearwater, FL 33756

  
\_\_\_\_\_  
William Geffert, Manager

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.

WILLIAM GEFFERT

Typed or printed name of signee

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