## 1200005606

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Professor Gadget LLC.  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	Liability Comp	any is
Principal Office Address: Mailing Address:		
4271 NW 5th St.  Unit 120  Plantation, FT 33317  H271 NW 5th St.  Unit 120  Plantation, FT	33317	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indi business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Timothy Lemar Sims Jr.		
Florida street address (P.O. Box NOT acceptable)		
Plantation, FL 33317 City, State, and Zip		
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept to registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	the appointmen th the provision um familiar wit	nt as ns of al th and
Registered Agent's Signature (REQUIRED)	12 APR 23 SECRETAR) TALLAHASS	
(CONTINUED) Page 1 of 2	PH L	
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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Timothy Lemar Sims Jr. 4271 NW 5th st. Unit 120 Plantation, Fl 33317
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTIO
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	than the date of filing: (OPTIO) must be specific and cannot be more than five business of
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of  (In accordance with seconstitutes an affirma I am aware that any feconstitutes a third decrease in the date of the seconstitutes at third decrease in the seconstitutes at	than the date of filing: (OPTIO) must be specific and cannot be more than five business of