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TO:	Registration of	n Section Corporations				•
SUBJEC	ст: <u>С</u>	elestial Nam	Beau ne of Limited Li	ty iability Com	Mark [.]	5, LC
The encl	osed Article	s of Organization and	i fee(s) are subn	nitted for fili	ng.	
Please re	turn all corr	espondence concerni	ng this matter to	the followir	ng:	
_		mary	Cele	Se ne of Person	Dean	e i ty
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For furth	er informati	on concerning this m	atter, please call	:		
	Cele	251e De a	at (77a Area Coo		3 - 7368 elephone Number
		for the following a \$130.00 Filing Certificate of	g Fee &	\$155.00 Fil Certified C (additional co		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Addre Registration Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	Registra Division Clifton 2661 Ex	Courier Addrestion Section n of Corporation Building xecutive Cente ssee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:		
Celestral Be		Marks, LLC	三五
ARTICLE II - Address: The mailing address and street address of the	principal office	of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:		ب الاستان الاستان
5th Ave Taser and lifestyle	7651 Seba	133rd Sq. 55an, F.C 32958	`£`°` - -

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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

business entity with an active Florida registration.)

Psychboat technologies, LLC

Name

1651 133rd Square

Florida street address (P.O. Box NOT acceptable)

Sebastian, FL 32958

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cleste Dean

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)