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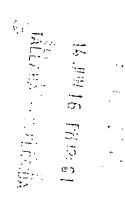
| (Re | questor's Name) | |
|-------------------------|-------------------|--------------|
| (Ad | dress) | |
| (Ad | dress) | <u>-</u> |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nai | m e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Division of | n Section Corporations | | |
|-------------|-----------------------------|--|---|--|
| SUBJE | CT: | | neads, UC | |
| The end | closed Articles | s of Organization and fee(s) | are submitted for filing. | |
| Please | return all corre | espondence concerning this | matter to the following: | |
| | | Ke | vis Deeb | |
| | | | Name of Person | |
| | | | | |
| | | | Firm/Company | |
| | | 1132 | SE 29+5+ | |
| | | | Address | |
| | | CADE | Conal Fl 339 | 04 |
| | | i c | City/State and Zip Code | |
| | | E-mail address: (to be us | Conal, FL 3390 City/State and Zip Code ock 529 e yaha red for future annual report notific | ation) |
| For furt | her informatio | on concerning this matter, pl | | |
|) | / n | £. | 0.11 | |
| <i></i> | Nar | ne of Person | 739 246-06 Daytime To | 64 / |
| | | | · | ' |
| Enclose | d is a check fo | or the following amount: | | |
| \$125.00 |) Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | <u>Mai</u> | iling Address | Street/Courier Add | ress |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | |
|--|---|--|
| TAWK Tree | ids.LLC | |
| (Must end with the words "Limite | ed Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the principal | office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 1132 SE 294St | | |
| 1132 SE 2945+ CAGE CONAL, FC 33904 | 1132 SE 2945+ Cape Conal, FL 33904 | |
| ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration The name and the Florida street address of the registere | n Registered Agent. You must designate an individual or ion.) | |
| | | |
| Nam | 75617 | |
| 1132 SE 2 | Jeeh 29×54 | |
| Florida street address (P.O. Bo | ox NOT acceptable) | |
| | | |
| City | Zip Zip | |
| the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o | vervice of process for the above stated limited liability company upt the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performany bligations of my position as registered agent as provided for in pter 605, F.S | |
| Registered Agent's Sign | nature (REQUIRED) | |
| (CONTINI | UED) | |
| Page 1 of | 12 | |

| Title: "AMBR" = Authorized Member | Name and Address: | | |
|--|---|----------------------|-----------|
| "MGR" = Manager | Kinhal Azhat | - | |
| | Kimberly Azbant | | _ |
| 0.0 | Cape Conal, Fl 339 | 04 | _ |
| _CFO | Kevin Deeb | | _ |
| | CAR Conal, FC 3390. | 4 | |
| | • | | |
| | | | <u> </u> |
| | | | _ |
| | | | _ |
| | | | _ |
| | | | |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) | . (OPTIC | ONAL) orior to or | 90 d: |
| LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and | . (OPTIC | ONAL) orior to or | 90 d: |
| LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) | (OPTIC | ONAL) prior to or | 90 d: |
| LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) | cannot be more than five business days p | ONAL) prior to or | 90 d: |
| LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. | cannot be more than five business days p | ONAL) prior 10 or | 90 d: |
| LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a | an authorized representative of a membe | rior to or | |
| E V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a (In accordance with section 605.0203 (1) constitutes an affirmation under the pena | annot be more than five business days p in authorized representative of a membe (b), Florida Statutes, the execution of this lities of perjury that the facts stated herein a | r. 'document | |
| E V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a (In accordance with section 605.0203 (1) constitutes an affirmation under the pena | an authorized representative of a membe (b), Florida Statutes, the execution of this lities of perjury that the facts stated herein a smitted in a document to the Department of | r. 'document | |
| EV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a (In accordance with section 605.0203 (I) constitutes an affirmation under the penal 1 am aware that any false information subconstitutes a third degree felony as provi | an authorized representative of a member of this lities of perjury that the facts stated herein a pomitted in a document to the Department of ded for in s.817.155, F.S.) | r. 'document | |
| EV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a (In accordance with section 605.0203 (I) constitutes an affirmation under the penal 1 am aware that any false information subconstitutes a third degree felony as provi | an authorized representative of a membe (b), Florida Statutes, the execution of this lities of perjury that the facts stated herein a smitted in a document to the Department of | r. 'document | 91 HIL 51 |
| REQUIRED SIGNATURE: Signature of a member or a (In accordance with section 605.0203 (I) constitutes an affirmation under the penal am aware that any false information subconstitutes a third degree felony as provious Figure 1. | an authorized representative of a membe (b), Florida Statutes, the execution of this lities of perjury that the facts stated herein a smitted in a document to the Department of ded for in s.817.155, F.S.) The Deeb reprinted name of signce | r. 'document | 91 HIL 51 |
| EV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a (In accordance with section 605.0203 (I) constitutes an affirmation under the pena I am aware that any false information sub constitutes a third degree felony as provi | an authorized representative of a membe (b), Florida Statutes, the execution of this lities of perjury that the facts stated herein a smitted in a document to the Department of ded for in s.817.155, F.S.) The Deeb reprinted name of signce | r. 'document | |

ARTICLE IV-