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FLORIDA LIMITED LIABILITY CO. THE ARTISAN BITE, LLC

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H16000153127D

ARTICLES OF ORGANIZATION

16 JUN 23 PH 2:03

OF

GEOLOTARY OF STATE CALLAHASSES, FLORDA

THE ARTISAN BITE, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name

The name of the Limited Liability Company is: THE ARTISAN BITE, LLC

ARTICLE II - Address

Principal Office Address: 17039 NW 20th ST Pembroke Pines, FL 33028

ARTICLE III - Registered Agent, Registered Office

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

Maximillian Plotnikow 17039 NW 20th ST Pembroke Pines, FL 33028

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 605, F.S.

Registered Agent's Signature - Maximillian Plotnikow

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ARTICLE IV- Manager(s) or Managing Member(s):

The company will be manager-managed.

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

Name and Address:

<u>Title:</u> "MGR" = Manager

"AMBR" - Authorized Member

MAXIMILLIAN PLOTNIKOW

AMBR

17039 NW 20th ST,

PEMBROKE PINES, FL 33028

The undersigned manager executed these Articles of Organization this 22. day of June, 2016.

THE ARTISAN BITE, LLC

In accordance with section 605.0201, 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.