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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
OCT - 5 2016

Michael J. Savage
The Comics Box, LLC
950 South Florida Av.
Lakeland, FL 33803

September 25, 2016

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

Re: The Comics Box, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of $155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Michael J. Savage
The Comics Box, LLC

Enclosures

check stapled here

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

of

THE COMICS BOX, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is The Comics Box, LLC.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

950 South Florida Av.
Lakeland, FL 33803

The organization's mailing address shall be as follows:

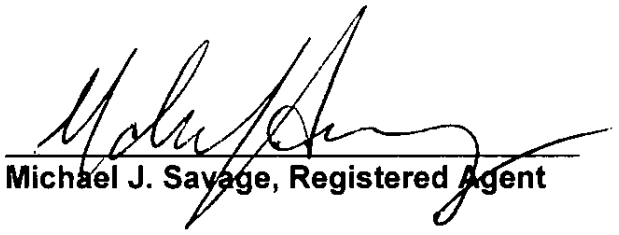
950 South Florida Av.
Lakeland, FL 33803

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Michael J. Savage
217 James Circle
Lake Alfred, FL 33850

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.



Michael J. Savage, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Michael J. Savage
217 James Circle
Lake Alfred, FL 33850

ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Michael J. Savage
217 James Circle
Lake Alfred, FL 33850

ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 28 day of September, 2016

Michael J. Savage

STATE OF FLORIDA
COUNTY OF POLK

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Michael J. Savage, known to me to be the person who executed the foregoing Articles of Organization, or who presented Drivers License as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 28 day of September, 2016

Notary Public, State of Florida at Large
My Commission Expires: June 11, 2019

EDMA JOHANNA VELAZQUEZ
Notary Public - State of Florida
Commission #FF239720
My Comm. Exp. June 11, 2019
Bonded Thru State Farm Fire & Casualty Co

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