

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000226467
FILED 8:00 AM
December 15, 2016
Sec. Of State
slsingleton

Article I

The name of the Limited Liability Company is:
HOMESICK TATTOO STUDIO & GALLERY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3050 ALAFAYA TRAIL
UNIT 1020
OVIEDO, FL. US 32765

The mailing address of the Limited Liability Company is:
1138 POINTE NEWPORT TERR.
APT. 204
CASSELBERRY, FL. US 32707

Article III

The name and Florida street address of the registered agent is:
MICHAEL MANFREDI
1138 POINTE NEWPORT TERR.
APT. 204
CASSELBERRY, FL. 32707

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.

Registered Agent Signature: MICHAEL MANFEDI

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
ROBERT MILLIGAN
2177 SEAPORT CIRCLE
WINTER PARK, FL. 32792 US

Title: AMBR
MICHAEL MANFREDI
1138 POINTE NEWPORT TERR.
CASSELBERRY, FL. 32707 US

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Article V

The effective date for this Limited Liability Company shall be:

12/14/2016

Signature of member or an authorized representative

Electronic Signature: ROBERT MILLIGAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.