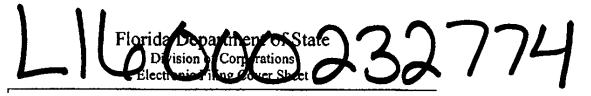
From:

12/28/2016 14:13

#351 P.001/003



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (8001221-2972

Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. MOEDE, LLC

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12/28/2016 14:13 #351 P.002/003

ARTICLESO	FORGANIZATION FOI	RFLORIDA LIMITED	LIABILITY COMPANY		
ARTICLE I - Name:				``	
The name of the Limited Liabili	ty Company is:				
Moede, LLC					
(Musi end	with the words "Limit	ed Liability Company	', "L.L.C.," or "I.LC,")		
ARTICLE II - Address:					
The mailing address and street a	deress of the principal	office of the Limited	Liability Company is:		
Princin	al Office Address:		Mailing Address:		
2030 W. Fountain B	<u>Nd.</u>		W. Fountain Blvd.		
Tampa, FL 33609		<u>Ten</u>	pe, Fi, 33609		
ARTICLE III - Registered Ag					
(The Limited Liability Company another business entity with an			You must designate on individue	l or	
district. Onswess circle with sur	ettive i minos registrat	(Mar.)			
The name and the Florida street	address of the register	'रर्व बहुद्या। अन्दः			
	Gregg Porkins				
		Name			
	2030 W. Fountain	Oh.d			
		ess (P.O. Box NOT a	cceptable)		
	Tampa	FL	33609		
	Ciav	Siate	Zip		
			•		
Having been named as registered	ugeni and to accept set	rence of process for the	t above stated limited hobility cor	apans us the	
place designated in this certificate further agree to comply with the p	, i nereby accept int ap rovisions of all statutes	ppovamen as regusar s relating to the prope	ea agum anu agree 10 acs in ma r and comulute performance of in	rapaciny: 1 rakeics, and l	
on familiar with and accept the m	oligations of my positio	m as registered ogen	us provided for in Chapter 603. I	S	
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(<i>IJ</i> —		12.28.16		
· · ·	Dani	istered Agent's Signa			
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	neg	(CONTINUED)		····	
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From:

12/28/2016 14:13 #351 P.003/003

Titles "AMBR" = Authorized Member	Name and Address:
"MGR" # Manager AMBR	Gresss Perkins
<u> </u>	2030 W. Fountain Blvd.
	Tampo, FL 33609
AMBR	Keel Greco
	920 Leavenworth Street Apt. 207
	San Francisco, CA 94109
·· <u>-</u> -	
(Use attachment if necessary)	
e of filing.)	filing:
e of filing.) If the date inserted in this block does not meet current's effective date on the Department of S	t the applicable statutory filing requirements, this date will no
te of filing.) If the date inserted in this block does not meet current's effective date on the Dopartment of S	t the applicable statutory filing requirements, this date will no State's records.
Reduined Signature of a ment This document is executed an away that are the properties.	t the applicable statutory filing requirements, this date will no state's records. 12.28.16 Der or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
e of filing.) If the date inserted in this block does not meet current's effective date on the Department of STLE VI; Other provisions, if any. REQUIRED SIGNATURE: Signature of a meant This document is executed I am aware that any false in constitutes a third degree fe	t the applicable statutory filing requirements, this date will no state's records. 12.28.16 Det or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State though as provided for in \$.817.155, F.S.
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Page 2 of 2