

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

L17000036214
FILED 8:00 AM
February 14, 2017
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

DEADMANS HAND ELIXIR LLC

Article II

The street address of the principal office of the Limited Liability Company is:

18530 SW 39 ST.
MIRAMAR, FL. US 33029

The mailing address of the Limited Liability Company is:

1009 SW LIGHTHOUSE DR
PALM CITY, FL. 34990

Article III

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

DONALD W MUSTAIN III
18530 SW 39 ST
MIRAMAR, FL. 33029

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: DONALD WOLFGANG MUSTAIN III

Article IV

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

Title: AMBR
DONALD W MUSTAIN III
18530 SW 39 ST
MIRAMAR, FL. 33029 US

Title: MGR
STEVEN WHITE
1009 SW LIGHTHOUSE DR
PALM CITY, FL. 34990 US

Title: AMBR
ERIC STEIN
18530 NW 11 CT
PEMBROKE PINES, FL. 33029 US

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Article V

The effective date for this Limited Liability Company shall be:

02/14/2017

Signature of member or an authorized representative

Electronic Signature: STEVEN WHITE

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.