

L17000138545

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Enzyme Labs LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ENZYME LABS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5500 GLADES ROAD
SUITE 414
BOCA RATON, FL 33496

5500 GLADES ROAD
SUITE 414
BOCA RATON, FL 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JAY SCHWARTZ

Name

5500 GLADES ROAD, SUITE 414

Florida street address (P.O. Box NDI acceptable)

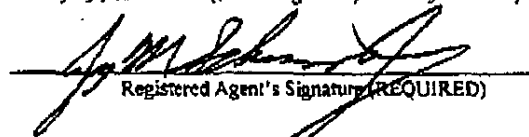
BOCA RATON FLORIDA 33496

City

State

Zip

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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

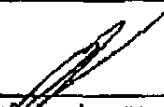
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>JASON BLUM</u>
	<u>5500 GLADES ROAD, SUITE 414</u>
	<u>BOCA RATON, FL 33496</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



 Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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.

JASON BLUM, CEO

 Typed or printed name of signer

Filing Fees:
 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE, FLORIDA

ENZYME LABS INC.

**13860 Wellington Trace
Suite 38-161
Wellington, FL 33414**

June 22, 2017

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

The undersigned, a Florida profit corporation, hereby gives permission and consent for ENZYME LABS LLC to use the name "ENZYME LABS LLC" for all business purposes within and without the State of Florida.

Very truly yours,

ENZYME LABS INC, a
Florida corporation

By: 
Name: Jason Blum
Title: CEO

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TALLAHASSEE, FLORIDA