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17 SEP 13 AM 9: 38

SECRETARY OF STATE.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: M3 Cubed 11C.
SUBJECT: // OChbed ((C'. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Campbell
Name of Person'
Firm/Company
13223 SAN BLAS LOOP Address
City/State and Zip Code M3cubed Llc@gme, 1. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ryan Campbell at (727) 514-3174 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with 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:	
13223 Son Blus Coop 13223 Son Blus Loop Largo, FL 33774 Logo, FL 33774	
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 of another business entity with an active Florida registration.)	17 SEP 13
The name and the Florida street address of the registered agent are:	13 AH 9

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

im familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

13223 San Blas Loop
Florida street address (P.O. Box NOT acceptable)

Larres FL 33774

Page 1 of 2

<u>Title:</u> "AMBR" = 7 "MGR" = M	Authorized Member anager	Name and Address:
MGR		13223 San Black Loups Largo Fl 337 44
		17 S
•	nent if necessary)	9 (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
CLE V: Effective date is e of filing.) If the date inse	we date, if other than the date listed, the date must be spe	of filing: 9-6.2017 (OPTIONAD); cific and cannot be more than five business days prior of 90 by seet the applicable statutory filing requirements, this date will not be list
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CLE V: Effective ffective date is e of filing.) If the date insecument's effect	we date, if other than the date listed, the date must be sperted in this block does not mive date on the Department of	of filing: 9-6-2017 (OPTIONALL) (OPTIONALL
CLE V: Effective date is e of filing.) If the date insecument's effect	ve date, if other than the date listed, the date must be specified in this block does not make the date on the Department of provisions, if any. Signature of a ment of this document is executed a may aware that any false constitutes a third degree	of filing: 9-6.2017 (OPTIONAL) (O

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S 5.00 Certificate of Status (Optional)