Electronic Articles of Organization For Florida Limited Liability Company

L17000221360 FILED 8:00 AM October 25, 2017 Sec. Of State

Article I

The name of the Limited Liability Company is: GREGATURES, LLC

Article II

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

200 N PALM AVE INDIALANTIC, FL. US 32903

The mailing address of the Limited Liability Company is:

200 N PALM AVE P.O. BOX 33434 INDIALANTIC, FL. US 32903

Article III

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

MICHAEL J OCHIPA 3698 CAPPIO DRIVE MELBOURNE, FL. 32940

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 JASON OCHIPA

Article IV

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

Title: AMBR DAVID G FINNIGAN 1267 BLUFF AVE NE PALM BAY, FL. 32907 US

Title: AMBR GREGORY L VANOY 943 ABETO ST NE PALM BAY, FL. 32905 US L17000221360 FILED 8:00 AM October 25, 2017 Sec. Of State

Article V

The effective date for this Limited Liability Company shall be:

10/25/2017

Signature of member or an authorized representative

Electronic Signature: DAVID FINNIGAN

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.