(Re	equestor's Name)	-
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195		
REFERENCE :	146635 4311639		
AUTHORIZATION :	Soulderson		
COST LIMIT :	\$ (155.00		
ORDER DATE : April 4, 2018			
ORDER TIME : 1:13 PM			
ORDER NO. : 146635-005			
CUSTOMER NO: 4311639		SEU	18
DOMESTIC F	ILING	AHS 48C	APR-L
NAME: THE ALMIGHT	TY DNA, LLC	· ·	PH 3: 5
EFFECTIVE I	DATE:		က် က
ARTICLES OF INCORPORA CERTIFICATE OF LIMITE ARTICLES OF ORGANIZAT	ED PARTNERSHIP		
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:		
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD	STANDING		
CONTACT PERSON: Emily Croft	t - EXT. 62925		
	EXAMINER'S INITIALS:		<u>.</u>

ARTICLES OF ORGANIZATION OF THE ALMIGHTY DNA, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is The Almighty DNA, LLC

ARTICLE II: - Address

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

8600 SW 92nd Street Suite A-107 Miami, Florida 33156

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

Corporation Service Company 1201 Havs Street Tallahassee, Florida 32301

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.

CORPORATION SERVICE COMPANY, as Registered Agent

By: **Emily Croft** Title: Asst. Vice President

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

MGR

Javier Sobrado 8600 SW 92nd Street

Suite A-107

Miami, Florida 33156

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on April 4th, 2018.

William J. Spratt, J., authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

William J. Spratt, Jr.

Typed or printed name of signee

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