

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

L18000085938
FILED 8:00 AM
April 04, 2018
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

FADE AWAY CUTZ LLC

Article II

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

400 NW 1ST
416
GAINESVILLE, FL. 32601

The mailing address of the Limited Liability Company is:

400 NW 1ST
416
GAINESVILLE, FL. 32601

Article III

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

TIMOTHY S BURKETT
4301 CONFEDERATE POINT RD
416
JACKSONVILLE, FL. 32210

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: TIMOTHY BURKETT

Article IV

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

Title: MGR
TIMOTHY S BURKETT
400 NW 1ST AVE APT 416
GAINESVILLE, FL. 32601

Title: MGR
SHRONE L HARDEN
4100 SW 20TH AVE APT B3
GAINESVILLE, FL. 32608

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Article V

The effective date for this Limited Liability Company shall be:

04/01/2018

Signature of member or an authorized representative

Electronic Signature: TIMOTHY BURKETT

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.