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Office Use Only

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

| | ACC | OUNT NO. : | I2000000 | 0195 | | | |
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| | R | EFERENCE : | 189590 | 8152138 | | | |
| | AUTHO | RIZATION | Louisele | han | | | |
| | CO | ST LIMIT : | 7\$ 125.00 | | | | |
| ORDER I | DATE : Ma | y 1, 2018 | | | | | |
| ORDER 7 | FIME : 1 | :40 PM | | | . (| | |
| ORDER 1 | NO. : 18 | 9590-005 | | | | | |
| CUSTOM | ER NO: | 8152138 | | | | HAY - 1 | p |
| | NAME : | DOMESTIC SUNBEAM I LLC | <u>FILING</u> DIVERSIFIED |) HOLDINGS | | PH 3: 26 | TT C |
| | | EFFECTIVE | DATE: | | | | |
| <u></u> | CERTIFICA | OF INCORPO TE OF LIMI OF ORGANIZ | TED PARTNE | RSHIP | | | |
| PLEASE | RETURN TH | E FOLLOWIN | IG AS PROOF | OF FILING: | | | |

- CERTIFIED COPY
 XX PLAIN STAMPED COPY
- <u>XX</u> PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Sunbeam Diversified Holdings 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: | | |
|-----------------------------|-----------------------------|--|--|
| 2381 Executive Center Drive | 2381 Executive Center Drive | | |
| Boca Raton, FL 33431 | Boca Raton, FL 33431 | | |

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

| (The Limited Liability Compa another business entity with a | | | You must designate an indi | ividual or | 18 | |
|--|-----------------------------|--------------|----------------------------|------------|----------|---|
| The name and the Florida stre | et address of the registere | d agent arc: | | | MAY | |
| Corporation Service Company | | | | 5 | <u> </u> | 3 |
| | Name | | | • • • | -3 | |
| | 1201 Hay Street | | | | ా చ | |
| Florida street address (P.O. Box NOT acceptable) | | | cceptable) | •• | ? ∼ | - |
| | Tallahassee | FL | 32301 | • | ð | |
| | 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.

| /// | \mathcal{N} | Harry B. Dr Asst. Vice Pre | |
|-----------------|--------------------------|-------------------------------|--|
| Registered Agen | t's Signature (REQUIRED) |) | |

(CONTINUED)

ARTICLE IV-

• • • •

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

| MGR" = Manager AMBR | Sunbeam Products, Inc. | | |
|---------------------------------------|-----------------------------|---------------------------------------|----------|
| IMDR | 2381 Executive Center Drive | | |
| | Boca Raton, FL 33431 | | |
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(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.

REOUIRED 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.

Mark W. Johnson, Assistant Secretary Typed or printed name of signee

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)