

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

**L18000134335
FILED 8:00 AM
May 30, 2018
Sec. Of State
dlokeefe**

Article I

The name of the Limited Liability Company is:
BLACK POSY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1466 EL PASO AVENUE
ORLANDO, FL. 32806

The mailing address of the Limited Liability Company is:
1466 EL PASO AVENUE
ORLANDO, FL. 32806

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS PURPOSES

Article IV

The name and Florida street address of the registered agent is:
DEMETRIA JONES
1466 EL PASO AVENUE
ORLANDO, FL. 32806

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: /S/ DEMETRIA JONES

Article V

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

Title: MGR
DEMETRIA JONES
1466 EL PASO AVENUE
ORLANDO, FL. 32806 US

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Signature of member or an authorized representative

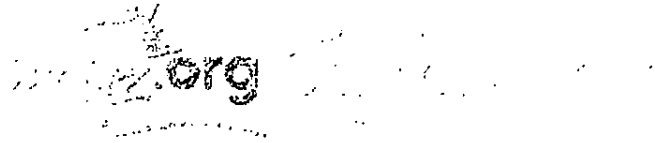
Electronic Signature: /S/ DEMETRIA JONES

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.

F39,2018

www.sunbiz.org - Florida Department of State

L18000134335



Filing Information

If you need to
 do a search, you
 may if you need to
 exactly as you have
 entered it.

Effective date: No effective date provided

Certificate of Status Requested: No

Certified Copy Requested: No

Limited Liability Company Name: BLACK POSY LLC

Principal Place of Business:

Address: 1466 EL PASO AVENUE

Suite, Apt. #, etc.

City, State: ORLANDO, FL

Zip Code & Country: 32809 US

Mailing Address:

UNITED LIABILITY COMPANY MAILING ADDRESS SAME AS PRINCIPAL ADDRESS

Name and Address of Registered Agent

Name (Last, First, Middle, Title): JONES, DEMETRIA, L.

Address: 1466 EL PASO AVENUE

Suite, Apt. #, etc.

City, State: ORLANDO, FL

Zip Code & Country: 32809 US

Registered Agent Signature: DEMETRIA JONES

Any Other Provisions: Optional (Purpose, Statements, etc.)

ANY AND ALL LAWFUL BUSINESS PURPOSES

Correspondence Name and E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name: DEMETRIA JONES

E-mail Address: DEMETRIA@BLACKPOSY.COM

Signature of a member or an authorized representative

Signature (S): DEMETRIA JONES

Name And Address of Person(s) Authorized to Manage LLC

My Check

Per our conversation, this
 page shows the correct
 spelling of 'Posy' but the
 LLC is registered incorrectly
 as 'POSY'
 Document # 18772101083

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