Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H18000314461 3)))



H180003144613ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

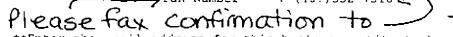
PLANET HOLLYWOOD INTERNATIONAL, INC.

Account Number : 120080000100 Phone

(407)903-5513

∍Fax Number

(407)352-7310 €



**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mvelez @ earlenter prise. com

FLORIDA LIMITED LIABILITY CO.

Social Socks, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

(P)

Electronic Filing Menu

٠ ١٠٠.

Corporate Filing Menu

Help

D O'KEEFF

KOV 0.1 2018

10/31/2018 11:10 4073527310 PAGE 02/03

H180003144613

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of this Limited Liability Company is:

SOCIAL SOCKS, LLC

ARTICLE II
Address

FILED

18 OCT 31 PH 6: 11

SEUNETHAL STRUCK
TALLAHASSEE, FLORIDA

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

4700 Millenia Blvd., Ste 400 Orlando, FL 32839

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm Gray Robinson, P.A. 301 E. Pinc Street, Suite 1400 Orlando, FL 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete

H180003144613

performance of its duties and is familiar with and accepts the obligations of the understanced's position as registered agent, as provided for in Chapter 605, Florida Statutes.

in occordence 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 in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Thomas Avallone
Type or printed name of signee

FILING FEES:

\$100.00 Filing Fec for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)

(1)