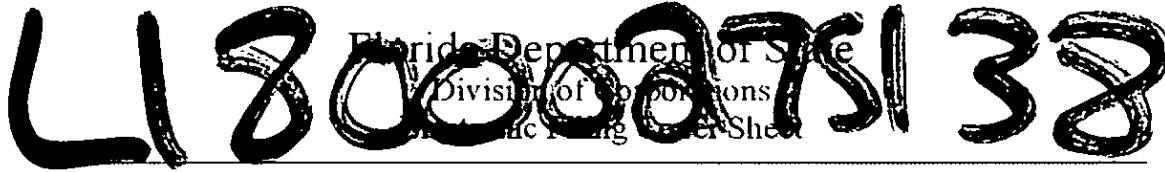


11/29/2018

Division of Corporations



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Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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**FLORIDA LIMITED LIABILITY CO.
CAPO MAMMA, LLC**

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

CAPO MAMMA, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF
LIMITED LIABILITY COMPANY IS:

1203 LARKIN ROAD
SPRING HILL, FLORIDA 34608

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

SHAWNA STERLEIN
1203 LARKIN ROAD
SPRING HILL, FLORIDA 34608

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, FLORIDA STATUTES.

DATED: 11/28/18

Shawna Sterlein
SHAWNA STERLEIN

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ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS: SHAWNA STERLEIN
1203 LARKIN ROAD
SPRING HILL, FLORIDA 34808

DATED: 11/28/18

x Sharna Sterlein
SHAWNA STERLEIN

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

11/29/18
18 NOV 29 AM 10:25
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OF FLORIDA
TALLAHASSEE

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