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To:

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

Account Name : 2045, FOSTER, 20MYSTON & STUDES, P.A. Account Number : 878977881731 Phone : (561)658-68471 Fax Number : (561)658-5368

FLORIDA LIMITED LIABILITY CO. MATCHA MOČHI LLC

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ARTICLES OF ORGANIZATION

OF

MATCHA MOCHI LLC

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE !

<u>Name</u>

The name of the Limited Liability Company is MATCHA MOCHI LLC.

ARTICLE II

<u>Address</u>

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

350 ROYAL PALM WAY SUITE 501 PALM BEACH, FL 33480

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

ARTICLE IV

Management

The Limited Liability Company will be manager-managed.

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ARTICLE V

<u>Manager</u>

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

Eileen M. Capone 350 Royal Palm Way Suite 501 Palm Beach, Florida 33480

ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

In accordance 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.

Date: November 26, 2018

Eileen M. Capone, Manager

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That MATCHA MOCHI LLC, desiring to organize under the laws of the State of Florida, has named CT CORPORATION SYSTEM, located at the 1200 SOUTH PINE ISLAND ROAD, PLANTATION, FL 33324, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named as Registered Agent and to accept service of process for the above-stated Limited Liability Company at the piace 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.

CICORPORATION SYSTEM

Print Name: Madonna Guddil

Print Name: Assistant Secretary

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