Electronic Articles of Organization For Florida Limited Liability Company

L19000016079 FILED 8:00 AM January 14, 2019 Sec. Of State tscott

Article I

The name of the Limited Liability Company is:

TIDES WELLNESS, LLC

Article II

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

3001 ALOMA AVE SUITE 204 WINTER PARK, FL. US 32792

The mailing address of the Limited Liability Company is:

P.O. BOX 622081 OVIEDO, FL. US 32762

Article III

The name and Florida street address of the registered agent is:

SAMANTHA SCIARRILLO DR. 3001 ALOMA AVE SUITE 204 WINTER PARK, FL. 32792

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: SAMANTHA SCIARRILLO

Article IV

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

Title: MGR

SAMANTHA SCIARRILLO DR.

12700 WATERFORD WILLOW LN, APT 302

ORLANDO, FL. 32828 US

Title: MGR

ROSELYNN GARCIA-ALMONTE DR.

1886 SPRING POND PT UNIT 104

ORLANDO, FL. 32708 US

Article V

The effective date for this Limited Liability Company shall be:

01/14/2019

Signature of member or an authorized representative

Electronic Signature: SAMANTHA R. SCIARRILLO

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.

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