Electronic Articles of Organization For Florida Limited Liability Company

L19000033989 FILED 8:00 AM February 04, 2019 Sec. Of State kbrumbley

Article I

The name of the Limited Liability Company is: BURNT HANDS LLC

Article II

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

1220 W UNIVERSITY AVE GAINESVILLE, FL. US 32601

The mailing address of the Limited Liability Company is:

1220 W UNIVERSITY AVE GAINESVILLE, FL. US 32601

Article III

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

NEERAV SANGANI 1011 EMMETT LANE WINTER GARDEN, FL. 34787

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: NEERAV SANGANI

Article IV

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

Title: MBR

SANJAY SACHDEVA 30420 GIDRAN TERRACE MOUNT DORA, FL. 32757 US

Title: MBR TIMOTHY MANKIN 3852 CLEVELAND AVE FORT MYERS, FL. 33901 US

Title: MBR TWISHA SANGANI 1011 EMMETT LANE WINTER GARDEN, FL. 34787 US

Article V

The effective date for this Limited Liability Company shall be:

02/04/2019

Signature of member or an authorized representative

Electronic Signature: NEERAV SANGANI

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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