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To:

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

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-9100  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@cruisebogledesigns.com

**FLORIDA LIMITED LIABILITY CO.  
CRUISEYBABBBY ENTERPRISES, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
CRUISEYBABBBY ENTERPRISES, LLC**

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

**ARTICLE I — NAME**

The name of the limited liability company is CRUISEYBABBBY ENTERPRISES, LLC (the "Company").

**ARTICLE II - ADDRESS**

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

1300 NW 17th Avenue, Ste. 273D  
Delray Beach, FL 33435

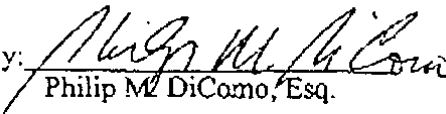
**ARTICLE III - REGISTERED AGENT**

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

Haile, Shaw & Pfaffenberger, P.A.  
660 U.S. Highway One - Third Floor  
North Palm Beach, FL 33408

*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, F.S.*

Haile Shaw & Pfaffenberger, P.A.

By:   
Philip M DiComo, Esq.

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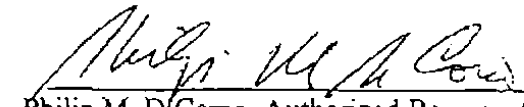
#### ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized managers of the Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Casie Bogle 1300 NW 17th Avenue, Ste. 273D Delray Beach, FL 33435

Dated: March 1, 2019

#### REQUIRED SIGNATURE

  
Philip M. DiComo, Authorized Representative

(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. I am aware that any 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.)

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