

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 12C160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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SECRETARY OF STATE
TREASURY
FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GUCI OF FLORIDA, LLC**

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APR 26 2019
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**ARTICLES OF ORGANIZATION
OF GUCI OF FLORIDA, LLC**

ARTICLE I – NAME

The name of the Limited Liability Company is GUCI OF FLORIDA, LLC (the "Company")

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 424 West Drive, Melbourne, Florida 32904.

**ARTICLE III – REGISTERED AGENT,
REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE**

The street address of the Limited Liability Company's initial registered office is 515 East Park Avenue, 2nd Floor, Tallahassee, Florida, 32301. The name of its initial registered agent at such address is Capitol Corporate Services, Inc.

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.

Kim Tadlock Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

4/25/2019

Date

ARTICLE IV – INITIAL PERSONS AUTHORIZED

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

Name: Y-Com Holdings, LLC
Address: 3700 North Capital of Texas Highway, Suite 520, Austin, Texas 78746
Title: Authorized Member ("AMBR")

ARTICLE V – EFFECTIVE DATE

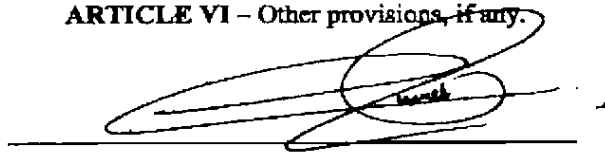
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ARTICLE VI – Other provisions, if any.

None.



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ernesto Danache IV

Typed or printed name of signee

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TALLAHASSEE FL 90498