

# L19000148736

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
PUCKER UP LLC**

|                       |  |          |
|-----------------------|--|----------|
| Certificate of Status |  | 0        |
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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

PUCKER UP LLC

**ARTICLE II      ADDRESS**

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

5872 BOLLING DRIVE

ORLANDO, FLORIDA 32808

**ARTICLE III      REGISTERED AGENT**

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

DASHANE BOOTHE

5872 BOLLING DRIVE

ORLANDO, FLORIDA 32808

*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.*

X /s/ Dashane Boothe

DASHANE BOOTHE / Registered Agent's signature

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**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER  
DASHANE BOOTHE  
5872 BOLLING DRIVE  
ORLANDO, FLORIDA 32808

.....  
X /s/ Dashane Boothe  
DASHANE BOOTHE / Authorized Representative's signature

*(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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