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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| | ew Filing Section Pivision of Corporations | | | | |
|---------------|---|--|--|--|--|
| SUBJECT | SIGNATURE BRANDS INTERNA | ATIONAL LLC | | | |
| WO DO DE 1 | Name of L | imited Liability Company | | | |
| The enclos | sed Articles of Organization and fee(s) a | are submitted for filing. | | | |
| Please retu | arn all correspondence concerning this r | natter to the following: | | | |
| | DANIEL UNDHAMMAR | | | | |
| | • | Name of Person | | | |
| | | | | | |
| | Firm/Company | | | | |
| | 430 3RD AVE S #425 | | | | |
| | Address | | | | |
| | ST PETERSBURG, FL 33701 | | | | |
| | daniel@edgewaterspiritsco.co | City/State and Zip Code | | | |
| | E-mail address: (to be use | ed for future annual report notification) | | | |
| For further i | nformation concerning this matter, plea | ise call: | | | |
| | | 727 290-9544 | | | |
| | | Area Code Daytime Telephone Number | | | |
| Enclosed i | s a check for the following amount: | | | | |
| \$125.00 F | _ | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | |
| | Mailing Address New Filing Section Division of Corporations | Street Address New Filing Section Division of Corporations | | | |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liabil | ity Company is: | | | |
|---|--|--|--|--|
| | NDS INTERNATIONAL I tain the words "Limited Lia | | pany, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street a | nddress of the principal offi | ce of the Lir | nited Liability Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 430 3RD AVE S #4 ST PETERSBURG. | | - | SAME | |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an | y cannot serve as its own R | egistered Ag | Agent's Signature: ent. You must designate an individual or | |
| The name and the Florida street | address of the registered a | gent are: | | |
| DANIEL UNDHAMMAR | | | | |
| | Ţ | Name | | |
| 430 3RD AVE S #425 | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| | ST PETERSBURG | FL | 33701 | |
| | City | State | Zip | |
| place designated in this certificate further agree to comply with the p | r, I hereby accept the appoin provisions of all statutes retu hligations of my position as | atment as reg ging to the pr registered ag | or the above stated limited liability company at the eistered agent and agree to act in this capacity. I roper and complete performance of my duties, and gent as provided for in Chapter 605, F.S | |

(CONTINUED)

ARTICLE IV-

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

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager AMBR | DANIEL UNDHAMMAR 430 3RD AVE S #425 ST PETERSBURG, FL 33701 |
| | |
| | 18 JUL 1 |
| | |
| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing | :(OPTIONAL) |
| e date of filing.) | d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as seconds. |
| RTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | |
| This document is executed in acceptance of the control of the cont | r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817,155, F.S. |
| DANIEL UNDHAMMAE Typed | R Tor printed name of signee |

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)