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OCT 2 5 2019

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Email Address: bob@viniarcpa.com

FLORIDA LIMITED LIABILITY CO. Mwraps LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: Mwraps LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address:

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

Principal Office Address:

Mailing Address;

3680 INVESTMENT LANE, SUITE 1 WEST PALM BEACH, FL 33404

3680 INVESTMENT LANE, SUITE 1 WEST PALM BEACH, FL 33404

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAVID HYMAN	
Name	
3680 INVESTMENT LAN	IE, SUITE 1
Florida street address (P.O. Box	NOT acceptable)
WEST PALM BEACH	FL 33404
City	Zip

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..

Registered Agent's Signature (REQUIRED)

DAVID HYMAN

(CONTINUED)

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⊙ 10/24/2019 8:07 AM

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Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager MGR	DAVID HYMAN
	3680 INVESTMENT LANE, SUITE 1
	WEST PALM BEACH, FL 33404
MGR	BARRIE HYMAN
777	300 N A1A BLDG 1
	JUPITER, FL 33477
——————————————————————————————————————	
(Use attachment if necessary)	
	date of filing:(OPTIONAL)
EV: Effective date, if other than the	date of filing:
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E.V: Effective date, if other than the ctive date is listed, the date must be filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a clin accordance with sections.	a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this documen
E.V: Effective date, if other than the crive date is listed, the date must be filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation of the constitutes an affirmation.	a member or an authorized representative of a member. tion 605.0203 (1) (b). Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
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Page 2 of 2