Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003167303)))



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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

S TALLEN"

OCT 28 2019

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

Zma il	Address:	_		

## FLORIDA LIMITED LIABILITY CO.

## Adhere.ly, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

To: 18506176381 From: 12143052508 Date: 10/25/19 Time: 11:11 AM Page: 02/03 (((H190003167303)))

ARTICLESOFO	RGANIZATION FOR F	LORDA LIMITEI	DLIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability	Company is:		
Adheredy, LLC			at t C hand t C h
(Must contain	n the words "Limited L	iah:hty Company	, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street add	less of the principal of	fice of the Limite	d Liability Company is:
Principal	Office Address:		Mailing Address:
1415 Williams Road L	utz, FL, US, 33558		15 Williams Road
Lutz, Fi. 33558		Lui	(z, F1_33558
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own tive Florida registration	Registered Agent. 3.)	ent's Signature: . You must designate an individual or
	Brian Bunnell		
		Name	
	1415 Williams Road	- <del></del>	
	Florida street address	: (P.O. Box <u><b>NOT</b></u>	acc <del>ep</del> table)
	Laiz	स्र.	33.558
	City	State	Zip

Having been named as registered agent and to accept service of process for the obove 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 m Chapter 695, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To: 18506176381 From: 12143052508 Date: 10/25/19 Time: 11:11 AM Page: 03/03

(((H190003167303)))

MGR Brian Bunnell  1415 Williams Road  1.utz, F1, 33558  MGR Brandon Welch  1631 Bee Balm Road  Johns Island, SC 29455  MGR  Dylas Turner  2097 Karin Court  Cottonwood Heights, UT 84121  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:  (Use attachment is listed, the date roust be specific and cannot be more than five business days prior to or 90 of filing.)  The date inserted in this block does not meet the applicable statetory filing requirements, this date will no ment's effective date on the Department of State's records.	Title: "AMBR" = Authorized Member	Name and Address:
MGR  Brian Bunnell  1415 Williams Road  Lutz, F1, 33558  MGR  Brandon Welch  1631 Bee Balm Road  Johns Island, SC 29455   MGR  Dylan Turner  2097 Karin Court  Cottonwood Heights, UT 84121  (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be more than five business days prior to or 96 of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	•	
MGR Brandon Welch 1631 Bee Balm Road Johns Island, SC 29455  MGR Dylan Turner 2097 Karin Court Cottonwood Heights, UT 84121	<del>-</del>	Brian Bunnell
MGR  Brandon Welch  1631 Bee Balm Road  Johns Island, SC 29455  Dylan Turner  2097 Karin Court  Cottonwood Heights, UT 84121  (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  [Cottonwood Heights, UT 84121]  (OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 96 filing.)  If the date inserted in this block does not meet the applicable statetory filing requirements, this date will no meet's effective date on the Department of State's records.		1415 Williams Road
1631 Bee Balm Road   Johns Island, SC 29455		Lutz, F1, 33558
Johns Island, SC 29455	MGR	Brandon Welch
(Use attachment if necessary)  (Use attachment if necessary)  (EV: Effective date, if other than the date of filing:		
(Use attachment if necessary)  (Use attachment if necessary)  (EV: Effective date, if other than the date of filing:		Johns Island, SC 29455
(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (OPTIONAL)  [Fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  (The date inserted in this block does not meet the applicable statutory filing requirements, this date will no amont's effective date on the Department of State's records.	MGR	Dylan Turner
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:		2097 Karin Court
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	EV: Effective date, if other than the date of sective date is listed, the date must be specifiling.) The date inserted in this block does not intend in the Department of	eiffic and cannot be more than five business days prior to or 9 set the applicable statutory filing requirements, this date will no
The state of the s	EV: Effective date, if other than the date of settive date is listed, the date must be specifilling.) The date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any.	eiffic and cannot be more than five business days prior to or 9 set the applicable statutory filing requirements, this date will no
Signature of a intember 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.	EV: Effective date, if other than the date of ective date is listed, the date must be specifiting.)  The date inserted in this block does not manner is effective date on the Department of EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a face of an aware that any folse	eet the applicable statutory filing requirements, this date will not state's records.  The proposed representative of a member, and in accordance with section 605.0203 (1) (b), Floride Statutes information submitted in a document to the Department of State
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	EV: Effective date, if other than the date of retive date is listed, the date must be specifiling.)  The date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any.  REOLIRED SIGNATURE:  Signature of a first this document is executed an aware that any folse constitutes a third degree	eet the applicable statutory filing requirements, this date will not state's records.  The proposed representative of a member, and in accordance with section 605.0203 (1) (b), Floride Statutes information submitted in a document to the Department of State

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 (C. 4) \$ 5.00 Certificate of Status (Optional)