Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Email	Address:	

FLORIDA LIMITED LIABILITY CO.

6090, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIGAT IMPLED LIABILITY COMPANY

6090, LLC	
(Must conatin the words "Limited Liab	ity Company, "L.L.C.," or "LLC.")
TOTT Addition	
LE II - Address: ling address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Malling Address:
ling address and street address of the principal office	, , ,

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

CPA Parmers, LLC	Name	· · · · · · · · · · · · · · · · · · ·
8200 - 113th Street,	Suite 103	
Florida street addres	is (P.O. Box <u>NOT</u> ac	ceptable)
Seminole	FL	33772
City	State	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..

Denois Thomas C.I.A.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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To:	Page	4	of

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Level Up Holdings, LLC
	1209 Orange Street Wilmington, DE 19801
	withington DE 19801
E V: Effective date, if other than the	e dute of filing: 1/27/2020 (OPTIONAL)
of filing.) The date inserted in this block does	to dute of filing: 1/27/2020 (OPTIONAL) be specific and cannot be more than five business days prior to or 96 not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.) 'the date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will no ment of State's records.
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E V: Effective date, if other than the ective date is listed, the date must if filing.) the date inserted in this block does nent's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is early aware that any constitutes a third of	not meet the applicable statutory filing requirements, this date will not ment of State's records. The automber or an authorized representative of a member executed in accordance with section 605,0203 (1) (b). Florida Statutes, faistlinformation submitted in a document to the Department of State.