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## FLORIDA LIMITED LIABILITY CO.

The Waffle Company, LLC

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February 13, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: THE WAFFLE COMPANY, LLC

REF: W20000015194

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H20000049412 Letter Number: 620A00003277

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LEABILITY COMPANY

ARTICLE 1 - No	inie:
The move of the I	limited Li

The name of the Limited Liability Company is:

The Waffle Company, LLC

(Must contain 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:
17055 Porta Vecchio Way #201	201 Granite Run Drive, Suite 290
Naples, FL 34110	Lancaster, PA 17601

ART(CLE 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:

Gary H. Gregory		
	Name	
17055 Porta Vecchi	o Way#201	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Naples	FI.	34110
City	State	Zîp

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 By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:		Name and Address:
	shorized Member	
- "MGR" ≃ Man - AMBR	ager	Gary H. Gregory
Attol	··	17055 Porta Vecchio Way #201
		Naples, FL 34110
	<del></del>	
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