

2/12/2020

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FLORIDA LIMITED LIABILITY CO.

The Waffle Company, LLC

Certificate of Status	0
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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.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H20000049412
Letter Number: 620A00003277

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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 #201Naples, FL 34110201 Granite Run Drive, Suite 290Lancaster, PA 17601

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:

Gary H. Gregory

Name

17055 Porta Vecchio Way #201Florida street address (P.O. Box **NOT** acceptable)NaplesFL34110

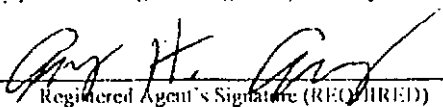
City

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.

X Dy:


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Naples, FL 34110

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