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**To:**

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Account Name : ARLENE F. AUSTIN, P.A.  
Account Number : I20000000066  
Phone : (239)514-8211  
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Email Address: afa1036@afaustinp.com

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**FLORIDA LIMITED LIABILITY CO.**  
**Clavius Immersive LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION OF  
CLAVIUS IMMERSIVE LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certify that:

**ARTICLE I — Name & Address**

The name of the Limited Liability Company is: Clavius Immersive LLC

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

6312 Trail Blvd.  
Naples, FL 34108

**ARTICLE II — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE III — Purpose:**

The purpose for the Limited Liability Company shall be to operate a consulting business and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

**ARTICLE IV — Authorized Members:**

The names and addresses of each person authorized to manage and control the Limited Liability Company are:

Gerhard Watzinger  
6312 Trail Blvd.  
Naples, FL 34108

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**ARTICLE V — Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

**ARTICLE VI — Members' Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

**ARTICLE VII — Effective Date**

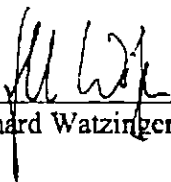
The term of this company shall be effective on April 15, 2020.

**ARTICLE VIII - Resident Agent**

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:


Arlene F. Austin, Esq.  
6312 Trail Blvd.  
Naples, FL 34108

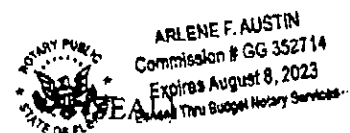
IN WITNESS WHEREOF, the undersigned have signed these Articles of Organization and acknowledged them to be their free act on this 15th day of April, 2020.

  
Gerhard Watzinger, AMBR

State of Florida  
County of Collier

On April 15, 2020, Gerhard Watzinger who is personally known to me and who by means of physical presence appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Clavius Immersive LLC, a Florida Limited Liability Company for the purposes therein expressed.

  
Notary Public: Arlene F. Austin  
Commission Expiration Date & Commission Number:



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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

UNDER THE PROVISIONS OF F.S. 605.0114 or 605.0116, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CLAVIUS IMMERSIVE LLC
2. The name and address of the registered agent and office is:

Arlene F. Austin, Esq.  
6312 Trail Blvd.  
Naples, FL 34108

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 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.

  
Arlene F. Austin, Esq.

State of Florida  
County of Collier

On April 8, 2020, Arlene F. Austin, Esq., designated above as the individual who shall serve as the limited liability company's initial registered agent who [XX] by means of physical presence or [ ] online notarization appeared before me and is personally known to me and acknowledged signing these Articles of Organization of CLAVIUS IMMERSIVE LLC as Registered Agent.

  
Notary Public

Jessica Fisher  
(Printed Or Typed Name)



JESSICA FISHER  
Commission # GG 121576  
Expires July 5, 2021  
Revised Through Budget History Services

Commission Expiration Date & Commission Number:

(SEAL)

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