

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gcat33@optonline.net

FLORIDA LIMITED LIABILITY CO.  
SILVER SPOON BOX, LLC

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*gcat33*  
5/1/2020

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SILVER SPOON BOX, LLC**

(Must end with 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:**

11111 BISCAYNE BLVD UNIT 1404  
NORTH MIAMI BEACH, FL 33181

62 LAKE AVE SOUTH STE F  
NESCONSET, NY 11767

**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:

THOMAS S BALDWIN III

Name

11111 BISCAYNE BLVD UNIT 1404

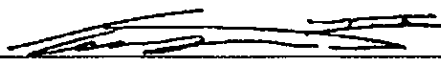
Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI BEACH FL 33181

City

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..*

  
Registered Agent's Signature (REQUIRED)

THOMAS S BALDWIN III

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

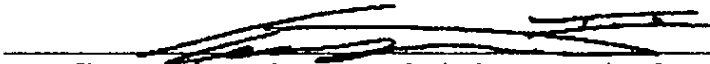
"MGR" = Manager

AMBR**Name and Address:**THOMAS S. BALDWIN III11111 BISCAYNE BLVD UNIT 1404NORTH MIAMI BEACH, FL 33181\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**REQUIRED SIGNATURE:**  
**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)THOMAS S. BALDWIN III

Typed or printed name of signee

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ALL AMBASSADORS  
FLORIDA

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