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Florida Department of State
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To:

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From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
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FLORIDA LIMITED LIABILITY CO.

BTW Distributors, LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
BTW DISTRIBUTORS, LLC**

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the limited liability company is BTW Distributors, LLC (the "Company").

ARTICLE II - ADDRESS

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

3375 Burns Road
Suite 108
Palm Beach Gardens, FL 33410

ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A.
660 U.S. Highway One - Third Floor
North Palm Beach, FL 33408

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.

Haile Shaw & Pfaffenberger, P.A.

By: 
Philip M. DiComo, Esq.

SECRETARY OF STATE
TALLAHASSEE, FL

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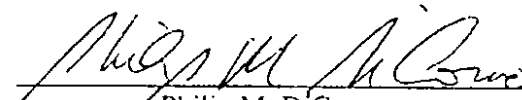
ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized manager of the Company is:

<u>Title</u>	<u>Name and Address</u>
Manager	Steve O'Neill 3375 Burns Road, Suite 108 Palm Beach Gardens, FL 33410
Manager	Paul Leblanc 3375 Burns Road, Suite 108 Palm Beach Gardens, FL 33410

Dated: June 3, 2020

REQUIRED SIGNATURE


Philip M. DiComo
Authorized Representative

(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.)

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