

8/18/2020

Division of Corporations

H200002854603

**L20000240329**  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.****The Dire Empire, LLC**

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ARTICLES OF ORGANIZATION  
OF  
THE DIRE EMPIRE, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is The Dire Empire, LLC

ARTICLE II: - Address

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

3948 3<sup>rd</sup> Street South  
Suite #355  
Jacksonville Beach, Florida 32250

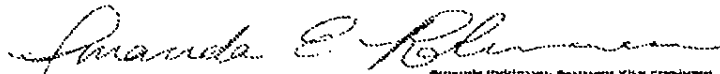
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

*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.*

Corporation Service Company



Name: \_\_\_\_\_  
Title: \_\_\_\_\_

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Bryan Braman 3948 3 <sup>rd</sup> Street, South, #355 Jacksonville Beach, FL 32250

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TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on August 18, 2020.

\_\_\_\_\_ 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 Section 817.155, Florida Statutes.)

Bryan Braman  
Typed or printed name of signee

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