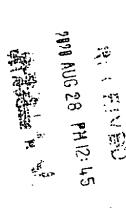
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(Address)
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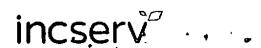
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO : Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 8/27/2020

PRIORITY | Routine

OUR REF. # (Order ID#): 849059

ORDER ENTITY. • FLOW FARM FL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: STATE OF THE FLOW FARM FL. LLC (FL)

New LLC filling

\$125.00 Authorized

Email address for annual report reminders: becky@warmanagement.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, August 27, 2020 Page 1 of 1

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LÍMITED LIABILITY COMPANY 2020 AUG 28 AM 9: 05

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The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

Flow Fam FL, LL (Must c	C ontain the words "Limited	Liability Company	v, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limite	d Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
7695 SW 104th St Pincerest, FL 331.			05 SW 104th St Suite 100 ecrest, FL 33156
another business entity with. The name and the Florida stre	-		
		Name	
	7695 SW 104th St St		· · · · · · · · · · · · · · · · · · ·
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
	Pinecrest	FL	33156
	City	State	Zip
lace designated in this certific arther agree to comply with the	ate, I hereby accept the app 2 provisions of all statutes r 4 obligations of my position	ointment as registe clating to the prope	he above stated limited liability company at the ered agent and agree to act in this capacity. I er and complete performance of my duties, and t as provided for in Chapter 605, F.S
	Regist	ered Agent's Sign:	ature (REQUIRED)
		(CONTINUED)

D"	ľ	~	ı ı.	IV-	

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

MGR & AMBR Vivi 200 AMBR Ada 200 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific an edate of filing.)	ian Warman W 26th Street, Apt 6E, New York, NY 10001 W 26th Street, Apt 6E, New York, NY 10001 W 26th Street, Apt 6E, New York, NY 10001	2020 AUG 28 AM 9: 05
MGR & AMBR Vivi 200 AMBR Ada 200 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific an edate of filing.)	ian Warman W 26th Street, Apt 6E, New York, NY 10001 The man Ben-Horin W 26th Street, Apt 6E, New York, NY 10001 The man Ben-Horin W 26th Street, Apt 6E, New York, NY 10001	AUG 28 AM 9:
AMBR Ada 200 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific an edate of filing.)	ian Warman W 26th Street, Apt 6E, New York, NY 10001 am Ben-Horin W 26th Street, Apt 6E, New York, NY 10001	AUG 28 AM 9:
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RTICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific an edate of filing.)	g:	
RTICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific an edate of filing.)	g:	
e document's effective date on the Department of State	ad cannot be more than five business days prior to or 90 of applicable statutory filing requirements, this date will not	
RTICLE VI: Other provisions, if any.		
DEQUIDED CICALTUDE.		
REOUIRED SIGNATURE:	Rebeca Warman	
This document is executed in ac I am aware that any false informa	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.	
Rebeca Warman		
	d or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)