



 Florida Department of State
 Division of Corporations
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Email Address: devon@crabdevil.com

FLORIDA LIMITED LIABILITY CO.
HEIKEGANI HOLDINGS, LLC

Certificate of Status	1
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(((H20000327813 3)))

**ARTICLES OF ORGANIZATION
OF
HEIKEGANI HOLDINGS, LLC**

**ARTICLE I:
NAME**

The name of the limited liability company is **HEIKEGANI HOLDINGS, LLC** (the "Company").

**ARTICLE II:
ADDRESS**

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

**6407 1/2 N. FLORIDA AVENUE
TAMPA, FL 33604**

**ARTICLE III:
REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

The name and street address of the initial registered agent of the Company are as follows:

**DEVON R. BRADY
6407 1/2 N. FLORIDA AVENUE
TAMPA, FL 33604**

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

Devon Brady
By: *Devon R. Brady*
As: *Registered Agent*

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**ARTICLE IV:
EFFECTIVE DATE AND TIME**

The effective date and time of these Articles of Organization shall be the date and time that these Articles of Organization are filed with the Florida Department of State, Division of Corporations.

ARTICLE V: PURPOSE

The Company is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

ARTICLE VI: DURATION

The Company is formed for an indefinite duration.

ARTICLE VII: MANAGEMENT

The Company will be manager-managed.

ARTICLE IX: MANAGERS

The name and address of the person authorized to manage and control the Company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MANAGER	DEVON R. BRADY 6407 1/2 N. FLORIDA AVENUE TAMPA, FL 33604

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 POL. JMSSEE, FL STATE

Devon Brady
 By: Devon R. Brady
 As: Authorized Representative of a Member

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, 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 Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.

Devon Brady
 By: Devon R. Brady
 As: Authorized Representative of a Member

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