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#### Florida Department of State

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SECRETAR / OF STATE TALLAHASSEE, FL

#### ARTICLES OF ORGANIZATION OF TIPPLE MAGIC, LLC

The undersigned authorized representative hereby executes these Articles of Organization ("Articles") for the purpose of forming a limited liability company (the "Limited Liability Company") in accordance with the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the Limited Liability Company shall be Tipple Magic, LLC.

#### ARTICLE II. DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, effective as of the date of filing.

# ARTICLE III. MAILING ADDRESS; PRINCIPAL OFFICE

The address of the principal office and mailing address of the Limited Liability Company shall be 575 5th Avenue Northeast, Saint Petersburg, Florida 33701, and such other places as may be designated by the manager from time to time.

#### ARTICLE IV. INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 575 5th Avenue Northeast, Saint Petersburg, Florida 33701, and the name of the registered agent is Joshua Rovin.

# ARTICLE V. PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

### ARTICLE VI. MANAGEMENT

The Limited Liability Company shall be a manager-managed limited liability company. The operating agreement of the Limited Liability Company shall specify the

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authority, and limitations on such authority, of the manager(s), as well as the initial manager(s) of the Limited Liability Company.

The undersigned, being the authorized representative, hereby certifies that the foregoing constitutes the Articles of Organization of Tipple Magic, LLC.

Executed by the undersigned on October 2 , 2020.

JOSHUA ROVIN

# ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 605.0113, Florida Statutes, I agree to act in the capacity of registered agent for Tipple Magic, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113.

DATED this 2<sup>nd</sup> day of October , 2020.

JOSHUA ROVIN

SECRETARY OF STA

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