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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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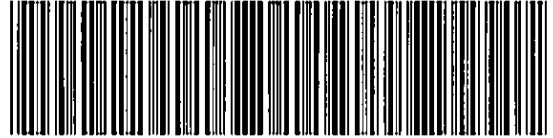
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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- ☐ **CERTIFIED COPY** \_\_\_\_\_
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- xx** **FILING** LLC \_\_\_\_\_

1. 152 CLOWNING AROUND, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF 152 CLOWNING AROUND, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FL

The undersigned, as the organizing member of this limited liability company pursuant to Chapter 605 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for said limited liability company:

**ARTICLE I - NAME OF LIMITED LIABILITY COMPANY**

The name of this limited liability company shall be 152 CLOWNING AROUND, LLC.

**ARTICLE II - PERIOD OF DURATION**

The period of duration of this limited liability company shall commence on December 21, 2020, and shall continue until dissolved pursuant to Chapter 605 of the Florida Statutes.

**ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE**

The mailing address of this limited liability company shall be 1373 North Atlantic Avenue, New Smyrna Beach, Florida 32169. The street address of the principal office of this limited liability company shall be 1373 North Atlantic Avenue, New Smyrna Beach, Florida 32169.

**ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The initial street address of the registered office of this limited liability company in the State of Florida shall be 1373 North Atlantic Avenue, New Smyrna Beach, Florida 32169. The Members may from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this limited liability company at that address is KIRK J. HAZEN. The Members may from time to time designate a new registered agent.

**ARTICLE V - MANAGEMENT**

This limited liability company shall be managed by the Members.

**ARTICLE VI - NEW MEMBERS**

Additional persons may be admitted to this limited liability company as Members only with the prior written consent of all of the existing Members, or as otherwise permitted in accordance with the Operating Agreement for this limited liability company.

**ARTICLE VII - AUTHORIZED MEMBER**

The name and address of the Member of the limited liability company signing these Articles of Organization are:

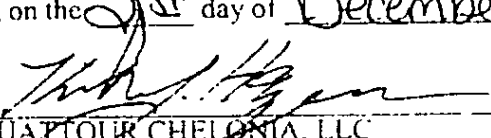
Name

Address

QUATTOR CHELONIA, LLC  
By: Kirk J. Hazen, AMBR

1373 North Atlantic Avenue  
New Smyrna Beach, Florida 32169

IN WITNESS WHEREOF, the undersigned Member has made and subscribed these Articles of Organization at New Smyrna Beach, Florida, on the 21<sup>st</sup> day of December, 2020.

  
QUAPPTOUR CHELONIA, LLC  
By: Kirk J. Hazen, AMBR

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service 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 in Chapter 605 of the Florida Statutes.

Date: December 21, 2020

  
KIRK J. HAZEN

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