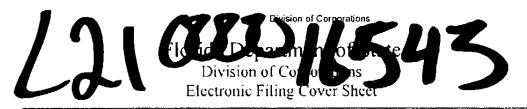
1/20/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future.

annual report mailings. Enter only one email address please.**

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

Throw Social Delray Beach LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Throw Social Delray Beach LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
29 SE 2nd Ave	2601 NE 26th Ave
Delray Beach, FL 33444	Lighthouse Point, FL 33064
	-

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System

Niro

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation Florida 33324
Cby State Zip

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 its 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 Captr 605, FS

CT Corporation System

Sy:

Registered Agent's Signature (FEQUITED)

(CONTINUED)

Tc: 18506176381

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	The Ginger Companies 2601 NE 26th Ave	
	Lighthouse Point, FL 33064	
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ICLEV: Effective date, if other than the da	te of filing (OPTIONAL)	
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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)