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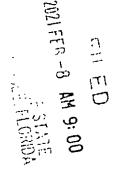
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## **COVER LETTER**

New Filing Section Division of Corporations

TO:

SUBJECT: MERAKI FOUNDRY LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SARAI- J. ANGEL Name of Person
MERAKI FOUNDRY Firm/Company
3034 GOLDEN VIEW LANE
ORLANDO, FL. 32812  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SARAH No ANGEL at 407 861-9068  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MERAKI FOUNDR	+ 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 t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
3036 GOLDEN VIEW LANE	3036 GOLDEN VIEW LAN

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:

SARAL	J ANG	EL		
	Name			
3034 G	OLDEN VIE	WLANE		
Florida street address (P.O. Box NOT acceptable)				
ORLAND	0. FL,	32812		
City	State	Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company on 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 for in Chapter 605, F.S.

stered Agent's Signature (KEQOIKED

(CONTINUED)

The name and address of each person au	thorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $MGR$	SARAH 7. ANGEL 3036 GOLDEN VIEW LANE ORLANDO, FL. 32812
(Use attachment if necessary)	e of filing: JANUARY 1, 2021 (OPTIONAL)
an effective date is listed, the date must be sp date of filing.)	need the applicable statutory filing requirements, this date will not be list
TICLE VI: Other provisions, if any.	107
	THE TI
REQUIRED SIGNATURE:	alliget
This document is execu I am aware that any falsi constitutes a third degre	nember or an authorized representative of a member stated in accordance with section 605.0203 (1) (b), Florida Status in formation submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.
SARA	Typed 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)