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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: PA	C - MAN CK Name of Limit	EWINE SERI	nc ES
	f Organization and fee(s) are s		
Please return all corresp	oondence concerning this matt	er to the following:	
Dido	wein Bac	Name of Person	
		Firm/Company	
30	1941 LAYLA	STREET Address	
	ALLAHASSE	E/FL32303 ty/State and Zip Code	
	E-mail address: (to be used	Za qmail.cc for future annual report notification	on)
For further information	concerning this matter, please	call:	
	JEID Brown (Arme of Person Ar	rea Code Daytime Telephone	826_ Number
Enclosed is a check fo	r the following amount:		,
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section		Street Address New Filing Section D	ivision

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

New Filing Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
PAC-MAN CLE (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	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2094 1 mila St	3094 Laula Street

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:	.	202	
Ditavan Brown	<i>i</i> -	!! HA?	1
3094 Lavia Street		19	
Florida street address (P.O. Box NOT acceptable)		P	
Tallahassee FL. 32303	-	2: (
City State Zip		ŵ	

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 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..

Resistered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	BUCIF Layla Street TAILALINSSEE FI 32363
(Use attachment if necessary)	
If an eliber, and is listed, the date massibe is state at those.	and of Hibágot. Specific and carmon be more than five business days prior to or 90 days where own or most the appropriate statutory filmy regunerants of the case, waven, on Sandan or the of State of State of State.
ARTRULEA E. Other provisions at any.	•.
REOFIRED SIGNATURE:	- B
Flus document is #1 I am aware that any i	members an authorized representative of amembers. Secuted in authorized representative of amembers. Secuted in authorized with section 605.0263 (4) (b); Florida Statutes: also informance submitted in adocument to the Department of States: great felony as provided for in 8.817.155.6 F.S. Eyent or printed name of signce

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Filing Fees:

198 of 1981 part 1997 for after a following continuous Designation of Registered Another.