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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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
Eman Address:	

FLORIDA LIMITED LIABILITY CO. WRAPSODY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 APR 30 AM 9: 0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WRAPSODY, LLC			
(Must contain	n the words "Limited Liz	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			7,
he mailing address and street add	lress of the principal offi-	ce of the Limited Liability Company is:	;
<u>Principal</u>	Office Address:	Mailing Address:	\equiv
7901 4th St N STE 300)	7901 4th St N STE 300	ر _د . د د
St. Petersburg, FL 3370	02	St. Petersburg, FL 33702	
RTICLE III - Registered Agen	t. Registered Office &	Registered Agent's Signature	
The Limited Liability Company cannother business entity with an act	annot serve as its own Re tive Florida registration.)	egistered Agent. You must designate an individual or	•
ARTICLE III - Registered Agen The Limited Liability Company components another business entity with an act The name and the Florida street ad	annot serve as its own Re tive Florida registration.)	egistered Agent. You must designate an individual or) gent are:	•
The Limited Liability Company can nother business entity with an act	annot serve as its own Retive Florida registration.) dress of the registered ag Northwest Registered A	egistered Agent. You must designate an individual or) gent are:	-
The Limited Liability Company can nother business entity with an act	annot serve as its own Retive Florida registration.) dress of the registered ag Northwest Registered A	egistered Agent. You must designate an individual or) gent are:	
The Limited Liability Company can nother business entity with an act	annot serve as its own Retive Florida registration.) dress of the registered ag Northwest Registered A	egistered Agent. You must designate an individual or) gent are:	•

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. 1 further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City

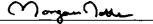
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Asiana Swain 7901 4th St N STE 300 St. Petersburg, FL 33702	
AMBR	Jhared Swain 7901 4th St N STE 300 St. Petersburg, FL 33702	
AMBR	Shana Swain 7901 4th St N STE 300 St. Petersburg, FL 33702	
(Use attachment if necessary)		
effective date is listed, the date must be site of filing.)	pecific and cannot be more than five business meet the applicable statutory filing requirement of State's records.	days prior to or 90 days

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Morgan Noble

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)
- \$ 5.00 Certificate of Status (Optional)