

L21000343484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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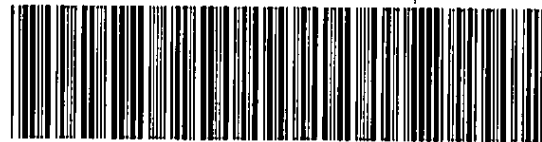
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SB  
7.29.21

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UltimateKidsExperience 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:**

3701 Bay Way, Cooper City, FL 33026

3701 Bay Way, Cooper City, FL 33026

**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:

Frederic Dufays

Name

3701 BAY WAY

Florida street address (P.O. Box **NOT** acceptable)

Cooper City

FL

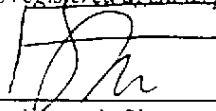
33026

City

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 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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Frederic Dufays AMBR

Chief Experience Officer FREDERIC DUFAYS  
3701 BAY WAY, COOPER CITY, FL 33026

Martha Krawczyk AMBR

Chief Inspirational Officer MARTHA KRAWCZYK  
3259 JUNIPER LANE, DAVIE, FL 33330

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: ~~July 15, 2021~~ JULY 21<sup>st</sup>, 2021. (OPTIONAL) FD ✓  
MK ✓  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

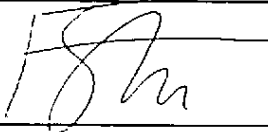
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

Frederic Dufays - CEO owns 55% of UltimateKidsExperience

Martha Krawczyk - CIO owns 45% of UltimateKidsExperience

**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.

Frederic Dufays

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)

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21 JUL 27 PM 6:29  
CLARK COUNTY, FL  
CLERK OF COUNTY