8/30/2021

To: +18506176381

Division of Corporations

Florida Department of State Div. of Corpora or sectration Why Cove Sheet

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Division of Corporations

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Phone : (323)962-8600
Fax Number : (323)962-3889

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FLORIDA LIMITED LIABILITY CO.

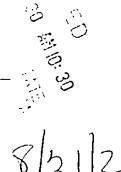
Citizen Grit LLC

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COVER LETTER

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SUBJECT	Citizen Gr F :					
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The enclose	sed Articles of	Organization and	tee(s) are	e submittec	for filing.	
Please reti	um all corresp	ondence concernir	ig this ma	itter to the	following:	
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□\$125.00	0 Filing Fee	□\$130.00 Filin Certificate of S		Certif	5.00 Filing Fee & ied Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is created)
		ngAddress			<u>StreetAddress</u>	
	Divisi	filing Section on of Corporation Box 6327	s		New Filing Section Division of Corporati Clifton Building	ons E

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Citizen Grit LLC (Must conatin 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: Mailing Address: Principal Office Address: 11300 Citra Circle, Apartment #2202 Windermere, Florida 34786 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:

United States Corp	poration Agents, Inc.	
	Name	
5575 S. Semoran F	Blvd. Suite 36	
Florida street addr	ess (P.O. Box <u>NOT</u> acc	eptable)
Orlando	<u> Florida</u>	32822
Cly'	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: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Jessica SM Stallings MGR 11300 Citra Circle, Apartment #2202 Windermere, Florida 34786 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____ _.(OPTIONAL) (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. 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.

Filing Fees:

Typed or printed name of signed

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Cheyenne Moseley, Legalzoom.com, Inc.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

