Division of Corporations **Electronic Filing Cover Sheet**

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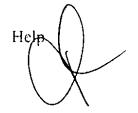
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FLORIDA LIMITED LIABILITY CO. SQUIGGLES OR SCRIBBLES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu



(((HZ10004132093)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SQUIGGLES OR SCRIBBLES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

City

Princ	cipal Office Address:		Mailing Address	<u>:</u> :	
4058 13th Street			13th Street		
St. Cloud, FL 347	69	St. C	loud, FL 34769		
			· · · · · ·		
ARTICLE III - Registered /	Agent, Registered Office,	& Registered Agen	t's Signature:		
(The Limited Liability Compa	ny cannot serve as its own		ou must designate an indiv	idual or 😝	
another business entity with a	•	Registered Agent. Y		20	
	in active Florida registratio	Registered Agent. Yon.)		idual or 2021 NOV	i
another business entity with a	in active Florida registration et address of the registered	Registered Agent. Yon.)		idual or 2021 NOV -8	;
another business entity with a	in active Florida registratio	Registered Agent. Yon.)		¥ 8− A0N	! : ٢
another business entity with a	in active Florida registration et address of the registered	Registered Agent. Yon.) d agent are: Name		KOV -8 AM 9:	
another business entity with a	in active Florida registration active Florida registered Levi Vogel	Registered Agent. Yon.) d agent are: Name	ou must designate an indiv	¥ 8− A0N	

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..

State

Zip

/s/ Levi Vogel Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	SATELLITE SEQUENCES, LLC
	4058 13th Street
	St. Cloud, FL 34769
(1)	: : 6
fective date is listed, the date must be sp	e of filing:
LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) If the date inserted in this block does not iment's effective date on the Department	e of filing:
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not iment's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will note of State's records.
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