

C21000492708

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000425370 3)))



H210004253703ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SEASON 2 FRANCHISING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

H21000425370

**ARTICLES OF ORGANIZATION
OF
SEASON 2 FRANCHISING LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **SEASON 2 FRANCHISING LLC.**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company are:

2900 Glades Circle
Suite 1500
Weston, FL 33327

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Erika T. Schrieber
2900 Glades Circle
Suite 1500
Weston, FL 33327

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.

/s/ Erika T Schrieber

Erika T. Schrieber, Registered Agent

2021 NOV 17 PM 3:02

60832765;1

ARTICLE IV: - Management

The name and address of each individual authorized to manage and control the limited liability company is as follows:

Title: **Name and Address:**

Member Erika Schrieber
 2900 Glades Circle
 Suite 1500
 Weston, FL 33327

Member Monica Tapia-Mularski
 2900 Glades Circle
 Suite 1500
 Weston, FL 33327

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November __17__, 2021.

/s/ Erika T Schrieber

Erika T. Schrieber, Authorized Signer

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.