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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

| Di | vision of Co | rporations | | | | | | |
|----------------|-------------------|--|----------------|-----------|--|-------------|---------------------------------------|--------|
| SUBJECT: | Exceptiona | lly Convenient Mo | oments LLC | | | | | |
| WOINGET, | · | Nan | e of Limited | Liabilit | y Company | | - | |
| The enclose | ed Articles of | Organization and | ec(s) are sub | mitted I | or filing. | | | |
| Please retur | n all correspo | ondence concerning | g this matter | to the fo | llowing: | | | |
| | Eaton Morris | Son | | | | | | |
| | | | N | ime of f | erson | | - | |
| | | | | | | | | |
| • | | | F | rnv/Con | pany | | | |
| | 2719 Hollyw | ood Boulevard, St | ite 1997 | | | | | |
| • | | | | Addre | ss | | | |
| | Hollywood F | L 33020 | | | | | | |
| e: | aton@except | ionallyconvenienti | - | | Zip Code | | · · · · · · · · · · · · · · · · · · · | |
| _ | | | | | nual report notificati | on) | | |
| For further in | formation coi | ncerning this matte | r. please call | : | | | | |
| 1. | Eaton Morriso | on | 754 at (|) | 779-3723 | | | |
| | Name | e of Person | Area C | ode | Daytime Telephon | e Number | M DEC 2 | |
| Enclosed is | a check for th | e following amour | 11: | | | | ₽. | 17 |
| □\$125.00 I | | □S130.00 Fiting Certificate of Sta | Fee & | Certified | 00 Filing Fee & ' l Copy copy is enclosed) | Certified C | of Status & | \Box |
| | New Fi Divisio | <u>g Address</u> ling Section n of Corporations ox 6327 | | N T | treet Address ew Filing Section Di he Centre of Tallaha 115 N. Monroe Stree | ssee | | |

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liab | oility Company is: | | | |
|--|---|---|--|------------------------|
| Exceptionally Co. | nvenient Moments LLC | | | |
| | ontain the words "Limited | l Liability Company | y, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | , | |
| The mailing address and stree | t address of the principal | office of the Limite | d Liability Company is: | |
| | ripal Office Address: | | Mailing Ac | |
| 2719 Hollywood I | Boulevard, Suite 1997 | 27 | 19 Hollywood Boulevar | d. Suite 1997 |
| Hollywood FL 336 | 020 | | llywood FL 33020 | |
| (The Limited Liability Compé another business entity with a The name and the Florida stre | my cannot serve as its ow in active Florida registrati | n Registered Agent on.) | ent's Signature: . You must designate an | individual or |
| | · · | | | |
| | Eaton Morrison | Name | | |
| | 212216 6: | | | |
| | 21231 San Simeon V Florida street addre | | accontable) | |
| | | | . , | |
| | <u>Miami</u> Citv | FL State | 33179 Zip | |
| | • | | · | |
| Having been named as registere olace designated in this certifica further agree to comply with the um familiar with and accept the | te, I hereby accept the app provisions of all statutes i obligations of my position | pointment as registerelating to the proper as registered agent MoyyiSoyitered Agent's Signa | red agent and agree to a er and complete performe t as provided for in Chap ture (REQUIRED) | ct in this capacity. I |
| | | (CONTINUED) | | |

ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager | |
|--|---|
| <u>-</u> | |
| MGR | Eaton Morrison 21231 San Simcon Way Apt 311 |
| | Miami FL 33179 |
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| (Use attachment if necessary) | |
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| effective date is listed, the date must be sp te of filing.) | secific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be lis |
| effective date is listed, the date must be space of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. | secific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be lis |
| effective date is listed, the date must be space of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. | meet the applicable statutory filing requirements, this date will not be lis of State's records. |
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| effective date is listed, the date must be spee of filing.) If the date inserted in this block does not reument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me | meet the applicable statutory filing requirements, this date will not be lis of State's records. Movvisor ember or an authorized representative of a member. |
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