## Electronic Filing Cover Sheet

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**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:

8:21

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

## FLORIDA LIMITED LIABILITY CO. Flippin Fun Group LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

202 JUN 27 PM 6: 36

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabil:	ity Company is:		
Flippin Fun Group 1	.LC		
(Must con	tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal	office of the Limited	Liability Company is:
<u>Princi</u>	nal Office Address:		Mailing Address:
4309 Pablo Oaks Ct		4309	9 Pablo Oaks Ct
The Limited Liability Company	ent, Registered Office,	& Registered Agent.	nt's Signature: You must designate an individual or
ARTICLE III - Registered Ag	ent, Registered Office, cannot serve as its own active Florida registration address of the registere	& Registered Agent. Ton.) d agent are:	nt's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, y cannot serve as its own active Florida registration	& Registered Agent." n Registered Agent." on.) d agent are:	nt's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, cannot serve as its own active Florida registration address of the registere	& Registered Agent. Ton.) d agent are:	nt's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, cannot serve as its own active Florida registration address of the registere	& Registered Agent. 'n Registered Agent.' on.) d agent are:	nt's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, v cannot serve as its own active Florida registration address of the registere Veorp Services, LLC	& Registered Agent. Ton.) d agent are:  Name  Na	nt's Signature: You must designate an individual or
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, v cannot serve as its own active Florida registration address of the registere  Veorp Services, LEC	& Registered Agent. Ton.) d agent are:  Name  Na	nt's Signature: You must designate an individual or

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 Fis supacity. 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 Capte 605, FS

Miriam Nachison
Assistant Secretary

Registered Agent's Signature (EQIFED)

(CONTINUED)

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ARTICLE IV-

Page: 3 of 3

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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MGR	4309 Pablo Oaks CL
	4309 Pablo Oaks CL
	4309 Pablo Oaks CL
	Jacksonville, FL 32224
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filing.) the date inserted in this block does not meet thent's effective date on the Department of St EVI: Other provisions, if any.	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
the date inserted in this block does not meet ment's effective date on the Department of St.  EVI: Other provisions, if any.  REOUTED SIGNATURE:  Drew Woss  Signature of a membe This document is executed in I am aware that any false info	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
the date inserted in this block does not meet ment's effective date on the Department of St.  EVI: Other provisions, if any.  REOUTED SIGNATURE:  Drew Woss  Signature of a membe This document is executed in I am aware that any false info	the applicable statutory filing requirements, this date will not ate's records.  To an authorized representative of a member.  The accordance with section 605.0203 (1) (b), Florida Statutes.  To a management of State of