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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (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 GLF, LLC

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Help

S. CHATHAM FEB 0 2 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY >

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ARTICLE 1 - Name	C	•		٠									•																										ĺ				L		ļ					1		Ì		ĺ	I		l			ė	į						١	۱			į							•		•						l	į						:	l								L					•			,							Į	Į	۱	ı	Ì				ļ	ļ				ı												i				l
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The name of the Limited Liability Company is:

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

<u>Princip</u>	oal Office Address:		Mailing Address:
4309 Pablo Oaks Ct		4309	Pablo Oaks Ct
Jacksonville, FL 322	224	Jacks	onville, FL 32224
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her business entity with an	active Florida registratio	n.) l agent are:	ou must designate an individua
ther business entity with an	active Florida registration address of the registered	n.) l agent are:	ou must designate an individua
ther business entity with an	active Florida registration address of the registered	n.) l agent are:	ou must designate an individua
other business entity with an e name and the Florida street	active Florida registration address of the registered Veorp Services, LLC	n.) l agent are: Name nd Road	
ther business entity with an	active Florida registration address of the registered Veorp Services, LLC 1200 South Pine Isla	n.) l agent are: Name nd Road	

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 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 us provided for in Out to 605, FS

Registered Agent's Signature (EQ) FED

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Flippin Fun Group LLC 4309 Pablo Oaks Ct. Jacksonville, FL 32224 (Use attachment if necessary) ____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing ___ (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: Drew Moss 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 signe

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Drew Moss

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