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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| (Oity/Otale/Zip/r Hone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Business Entity Harrie) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Octanica copies | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only

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COVER LETTER

| TO: New Filing S Division of C | | | |
|-----------------------------------|--|---|--|
| _{subject:} Man | ıdrill Kixkz LL | C | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please return all corres | pondence concerning this mat | tter to the following: | |
| Cour | tney Walker | | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| 4615 | Crestview La | ane | |
| - | | Address | |
| Lakel | and, FL. 33813 | 3 | |
| Mandrill | Ci .kixkz@gmail.com | ry/State and Zip Code | |
| <u> </u> | | for future annual report notificat | ion) |
| For further information of | concerning this matter, please | call: | |
| Court | ney Walker _{at} 8 | 63 8384556 | |
| | | ea Code Daytime Telephor | |
| Enclosed is a check for | the following amount: | | |
| | _ | DS155 00 Filing Van & | □\$160.00 Filing Fee. |
| □\$125.00 Filing Fee | ☑\$130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mail | ing Address | Street Address | |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mandrill Kixkz LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7901 4th St N STE 300

7901 4th St N STE 300

St. Petersburg FL

St. Petersburg FL 33702

7901 4th St N STE 300, St. Petersburg, FL 33702

7901 4th St N STE 300, St. Petersburg, FL 33702

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Registered Agents Inc.

Name

7901 4th St N STE 300

Florida street address (P.O. Box NOT acceptable)

St. Petersburg

FI

33702

City

State

Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

| Title: "AMBR" = Authorized Mem | Name and Address: |
|---|---|
| "MGR" = Manager AMBR | Courtney Molker |
| AIVIBR | Courtney Walker 4615 Crestinew Lane |
| | Lakeland, FL. 33813 |
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| (Use attachment if necessary) | |
| (If an effective date is listed, the date in the date in the date of filing.) | the date of filing: . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the D | |
| ARTICLE VI: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | ·/ |
| | |
| Signati This document | of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. |
| I am aware th | ny false information submitted in a document to the Department of State |
| constitutes a t | I degree felony as provided for in s.817.155, F.S. |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Courtney M. Walker

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