

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000107412  
FILED 8:00 AM  
March 02, 2022  
Sec. Of State  
sjkurisko

**Article I**

The name of the Limited Liability Company is:

LOST WEEKENDS LLC

**Article II**

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

2445 SW 18TH TERR  
APT 711  
FORT LAUDERDALE, FL. 33315

The mailing address of the Limited Liability Company is:

2445 SW 18TH TERR  
APT 711  
FORT LAUDERDALE, FL. 33315

**Article III**

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

MACKENZIE A DOYLE  
2445 SW 18TH TERR  
APT 711  
FORT LAUDERDALE, FL. 33315

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.

Registered Agent Signature: MACKENZIE DOYLE

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AR  
MACKENIZE A DOYLE  
2445 SW 18TH TERR APT 711  
FORT LAUDERDALE, FL. 33315

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Signature of member or an authorized representative

Electronic Signature: MACKENZIE DOYLE

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 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.