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COVER LETTER

TO:	New Filing Sec Division of Cor								
SUBJE		Holdings LLC.							
SUBJE	C1	Na	me of Limit	ed Liabilit	y Company	····			
The enc	losed Articles of	Organization and	l fee(s) are s	ubmitted 1	or filing.				
Please re	eturn all correspo	ondence concerni	ng this matte	er to the fo	llowing:				
	Michael Geg	erson							
	<u> </u>		•	Name of I	Person				
		Firm/Company							
	5931 NW 61	st Manor							
	Address								
	Parkland, FL	33067							
	mike@tisinsfl	.com	City	/State and	Zip Code				
		E-mail address: (to	o be used fo	r future an	nual report notificati	on)			
For furthe	r information cor	ncerning this mate	ter, please c	all:					
	Michael Gege	erson	954 at ()	540-7430				
	Name	e of Person	_	Code	Daytime Telephone	e Number			
Enclosed	d is a check for th	ne following amo	unt:						
	00 Filing Fee	□\$130.00 Filin Certificate of S	ng Fee & Status	Certifie	00 Filing Fee & d Copy copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
		g Address			treet Address				
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			s	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

he name of the Limited Lia	bility Company is:			
Silvergegs_Holdi	ings_LLC.			
(Must o	contain the words "Limite	d Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and stre	et address of the principal	l office of the Limited	l Liability Company is:	
<u>Prin</u>	ncipal Office Address:		Mailing Address:	
5931 NW 61st M	anor	593	5931 NW 61st Manor	
Parkland, FL 330	67	Parl	Parkland, FL 33067	
RTICLE III - Registered	Agent, Registered Offic	e, & Registered Age	nt's Signature:	
RTICLE III - Registered The Limited Liability Comp nother business entity with the name and the Florida str	oany cannot serve as its over an active Florida registrated and address of the register	vn Registered Agent. tion.)	nt's Signature: You must designate an individual or	
The Limited Liability Comp nother business entity with	any cannot serve as its ov an active Florida registra	vn Registered Agent. tion.)	nt's Signature: You must designate an individual or	
The Limited Liability Comp nother business entity with	oany cannot serve as its over an active Florida registrated and address of the register	vn Registered Agent. tion.) red agent are: Name	nt's Signature: You must designate an individual or	
The Limited Liability Comp nother business entity with	any cannot serve as its over an active Florida registrate eet address of the register Michael Gegerson 5931 NW 61st Mar	vn Registered Agent. tion.) red agent are: Name	You must designate an individual or	
The Limited Liability Comp nother business entity with	any cannot serve as its over an active Florida registrate eet address of the register Michael Gegerson 5931 NW 61st Mar	vn Registered Agent. tion.) red agent are: Name	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 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Michael Gegerson 5931 NW 61st Manor Parkland, FL, 33067	
		2022 APR
		ARY OF S
		2: 26 AIC ORID:
(Use attachment if necessary)		
If an effective date is listed, the date must be date of filing.)	the date of filing: 04/14/2022 (OPTIO (OPTIO to be specific and cannot be more than five business days personate the applicable statutory filing requirements, this the timent of State's records.	rior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:	1	
This document is I am aware that ar	of a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Floring false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	ida Statutes.
Michael Go	egerson	
	Typed or printed name of signee	

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)