

L220002269873

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CGODWINBUSINESS@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. Crypto Sweepstakes LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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REGISTRATION
COMMERCIAL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crypto Sweepstakes LLC

(Must end with 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:

160 Reserve Cir. Unit 200
Oviedo, FL 32765

160 Reserve Cir. Unit 200
Oviedo, FL 32765

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:

Christopher Todd Godwin
Name

160 Reserve Cir. Unit 200
Florida street address (P.O. Box NOT acceptable)

Oviedo FL 32765
City 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.

Christopher Godwin

Registered Agent's Signature (REQUIRED)

Christopher Todd Godwin

(CONTINUED)

2022 JUL -1 PM 2:50

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Christopher Todd Godwin</u>
	<u>160 Reserve Cir. Unit 200</u>
	<u>Oviedo, FL 32765</u>
<u>AMBR</u>	<u>Tyler LeFebvre</u>
	<u>2067 S Hobart Blvd</u>
	<u>Los Angeles, CA 90018</u>
<u>AMBR</u>	<u>Mario Taylor</u>
	<u>1460 Oviedo Mall Blvd</u>
	<u>Oviedo, FL 32765</u>
<u>AMBR</u>	<u>Marcus Taylor</u>
	<u>1460 Oviedo Mall Blvd</u>
	<u>Oviedo, FL 32765</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Christopher Godwin

Signature of a member of an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Christopher Todd Godwin

Typed or printed name of signee

2022 JUL - 1 PM 12:37