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(Reque	stor's Name)	
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(Addres	ss)	
(City/St	tate/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Decun	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	

Office Use Only



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S. CHATHAM

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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EGG WORKS HO	LDINGS FLOR	IDA LLC			
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				Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	_
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	<u> </u>
				Merger File	
				Art, of Amend, File	_
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
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				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	
				Vehicle Search	JUL 19
Decree 11				Driving Record	6
Requested by: SETH	07/19/22			UCC 1 or 3 File	
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Walle In	117'11 To 1 11		-	UCC Retrieval	- **

COVER LETTER

	w Filing Secti vision of Corp			
A 1 1 1 1 T T T T T T T T T T T T T T T		Holdings Florida LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of C	organization and fee(s) are	submitted for filing.	
Please retur	n all correspor	idence concerning this mat	tter to the following:	
	Ronald Klein,	Esq.		
			Name of Person	
	Klein & Fortu	ınc, PA		
			Firm/Company	
	7777 Davie R	oad Extension, Suite 301E		
			Address	
	Hollywood, F	Torida 33024		
			ity/State and Zip Code	
	brad@theeggv 		5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	E	-mail address: (to be used	for future annual report notificat	ionj
For further i	nformation cor	ocerning this matter, please	call:	
	Ronald Klein	95 at (
	Name		rea Code Daytime Telephon	ie Number
	•			
Enclosed i	s a check for th	ne following amount:		
≘\$ 125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				I

Mailing Address

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

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



ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:	·		
Egg Works Holdings Fl. (Must contain	orida LLC the words "Limited Li	ability Company,	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal off	ice of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Add	<u>iress:</u>
7640 Matoaka Road Bradenton, Fl 34243		36 Saras	andy Hook N sota Fl 34242	
Bradenaut, 1134243	:			<u> </u>
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act The name and the Plorida street ad	armot serve as its own ration	r)	You must designate an	III((V))OUB! O!
•		MARINO		
· · .	36 Sandy Hook N Florida street address	(P.O. Box NOT	acceptable)	
	Sarasota	Fl	34242	
·	City	State	Zip	
Having been named as registered as place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	visions of all statutes re igations of my position of	elating to the prope as registered agent	r and complete perform	ance of my duties, and I

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Bradley J. Burdsall **AMBR** 4580 Hacienda Road as Vegas NV 89118 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: 07/18/2022 (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 Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as the date of filing.) the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a prember of 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. Bradley J. Burdsall Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.08 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)