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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 875500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Tobias.Tedrowe@goodtimestobacco.com

FLORIDA LIMITED LIABILITY CO.  
FLAVOR TECH, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
FLAVOR TECH, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is FLAVOR TECH, LLC.

**ARTICLE II – Address:**

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

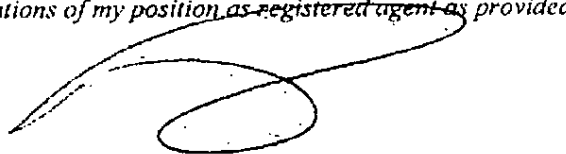
5004 E. Fowler Avenue  
Unit C, Suite 139  
Tampa, FL 33617-2181

**ARTICLE III – Registered Agent and Office**

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

Tobias Tedrowe, Esq.  
5004 E. Fowler Avenue  
Unit C, Suite 139  
Tampa, Florida 33617-2181

*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.*



Signature of Registered Agent

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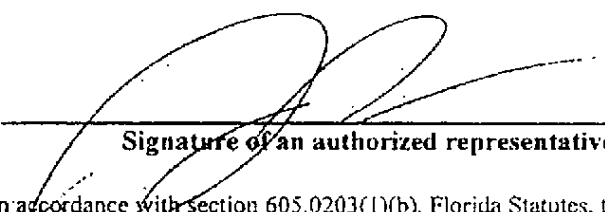
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**ARTICLE IV – Management**

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

Title	Name and Address
MGR	Joseph Tabshe 5004 E. Fowler Avenue Unit C, Suite 139 Tampa, FL 33617-2181
MGR	Gregory Dana 5004 E. Fowler Avenue Unit C, Suite 139 Tampa, FL 33617-2181

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 14th day of September 2022.



\_\_\_\_\_  
Signature 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 section 817.155, Florida Statutes)

Joe Tabshe  
\_\_\_\_\_  
Typed or printed name of signee

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TAMPA, FL 33604

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