Electronic Articles of Organization For Florida Limited Liability Company

L22000447243 FILED 8:00 AM October 17, 2022 Sec. Of State jafason

Article I

The name of the Limited Liability Company is: GOODTIMZ GROUP LLC

Article II

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

20602 BEHRENS PASS LANE CYPRESS, TX. 77433

The mailing address of the Limited Liability Company is:

GOODTIMZ GROUP LLC 20602 BEHRENS PASS LANE CYPRESS, TX. 77433

Article III

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

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL. 33470

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: INCORP SERVICES, INC.

Article IV

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

Title: AMBR VISHAL JAIN 20602 BEHRENS PASS LANE CYPRESS, TX. 77433

Title: MGR MICHAEL LARSEN 72 GREGG PLACE STATEN ISLAND, NY. 10301

Title: AMBR AMBARISH NARAY GUPTA 507 W 28TH ST, APT PH2D NEW YORK, NY. 10001

Title: AMBR SUMIT TAKKAR 301 E 45TH ST, APT 18B NEW YORK, NY. 10017

Signature of member or an authorized representative

Electronic Signature: VISHAL JAIN

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.

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