(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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(850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$125.00 Janes Full **AUTHORIZATION: BOX OF SUN LLC Business Name** Document Number, (if known): ___ Walk in Pick up time ___ Will wait ___ Mail out Photocopy __Certified Copy **Certificate of Status NEW FILINGS AMMENDMENTS** Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent X Limited Liability Dissolution/Withdrawal Domestication Other Merger _ CORP Conversion PLLC **REGISTERATION/QUALIFICATIONS OTHER FILINGS** Foreign filing Annual Report Limited Partnership Reinstatement ____Fictitious Name Other ____ APOSTIL () _

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:_____

* FLORIDA.CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:

	CCT: 120210000160 AMOUNT: \$125.00
AUTHORIZATION:/	Janes Luch
BOX OF SUN LLC Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP PLLC	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL () Country	Other

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: BOX OF SUN LLC Ref. Number: W22000155761

We have received your document for BOX OF SUN LLC. However, the document has not been filed and is being returned for the following:

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 722A00028186

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liab	ility Company is:	
BOX OF SUN LL	C	
		ability Company, "L.L.C.," or "LLC.")
		worldy company, E.E.C., or EEC.
ARTICLE II - Address: The mailing address and street	address of the principal offi	ce of the Limited Liability Company is:
<u>Princi</u>	pal Office Address:	Mailing Address:
c/o FMS Lawyer P		407 N Pacific Coast Highway
174 NET	tighway 351	#263
Fort White, Florida	32628	Redondo Beach, CA 90277
The name and the Florida street	Legacy R	A. Group Inc.
	Tallahessee	Fla 32309
	City	State Zip
further agree to comply with the pr	ovisions of all statutes relatively accept the appointment of all statutes relatively ligations of my position as respectively.	f process for the above stated limited liability company at the ment as registered agent and agree to act in this capacity. I mg to the proper and complete performance of my dutics, and legistered agent as provided for in Chapter 605, F.S Agent's Signature (REQUIRED)

(CONTINUED)

2022 [

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Ninja Toster Productions LLC 407 N Pacific Coast Highway #263 Redondo Beach, CA 90277 MGR TAE Technology Inc. 19631 Pauling Foothill Ranch, CA 92610 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REQUIRED SIGNATURE:** ason Averback Signature of a member or 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.

Jason Auerbach, Manager Ninja Toaster Productions, LLC 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)