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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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S. CHATHAM
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SECRETARY OF STATOMORE OF CHEBRIDA



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 02/06/2023 | |
|--------------|-----------------------------------|--------------------------------------|
| | Jennifer Bialowas | |
| Reference # | 1905507 | _ |
| Entity Name | THE GREATES | EVER BRAND, LLC |
| ✓ Article | es of Incorporation/Authorization | o Transact Business |
| Amer | ndment | |
| ☐ Chan | ge of Agent | |
| Reins | statement | |
| ☐ Conv | ersion | |
| ☐ Merge | er | |
| ☐ Disso | lution/Withdrawal | |
| Fictition | ous Name | |
| ✓ Other | Upon filing please provid | e a certified copy and good standing |
| | | |
| Authorized A | 160.00 | |
| Signature: _ | | |

COVER LETTER

| TO: | New Filing Secti Division of Corp | | | | | |
|-----------|--------------------------------------|---|-----------|----------------|--|---|
| SUBJE | | st Ever Brand | LLC | | | |
| | <u></u> | Na | me of Li | mited Liabil | ity Company | |
| The end | closed Articles of C | rganization and | fee(s) a | re submitted | for filing. | |
| Please | return all correspon | dence concerni | ig this n | natter to the | following: | |
| | Dennis Ziem | olicki-Colon | | | | |
| | | | | Name of | Person | |
| | The Greate | st Ever LLC | ; | | | |
| | - | | | Firm/Co | mpany | |
| | 2130 Harriet | Dr | | | | |
| | | | | Addı | ess | |
| | Tallahassee, | Florida 32303 | , | | | |
| | | | | City/State an | d Zip Code | |
| | tge.sponsorsh | | | d for future : | annual report notificati | |
| For furth | er information cond | | | | , | |
| | Dennis Z-Col | on | | 321 | 3170585 | |
| | Name | of Person | | Area Code | Daytime Telephone | e Number |
| Enclose | ed is a check for the | following amor | unt: | | | |
| □\$125 | 5.00 Filing Fee | □\$130.00 Fili Certificate of \$ | | Certifi | 5.00 Filing Fee & ed Copy al copy is enclosed) | ☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Address ng Section of Corporation | s | | Street Address New Filing Section Di The Centre of Tallaha | |
| | P.O. Bo: | : 6327 | | | 2415 N. Monroe Stree | et, Suite 810 |

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | 111 | ., | - | | | N.T. | |
|---|-----|----|----|------|-----|------|-----|
| Λ | к | ll | t. | L,t. | 1 - | - Na | me: |

The name of the Limited Liability Company is:

The Greatest Ever Brand LLC

(Must contain 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:

City

| | Principal Office Address: | | Mailing Address: | | |
|---|---|--|--|-------------------|---------------|
| 2130 Hamet | Dr | 2: | 130 Hamet Dr | | |
| Tallahassee | , FL 32303 | | allanassee, FL 32303 | | |
| (The Limited Liabilit another business enti | istered Agent. Registered Office y Company cannot serve as its ove ity with an active Florida registrat orida street address of the register Cogency Global In.e | vn Registered Ager tion.) red agent are: | nt. You must designate an individual o | SECRETARY O | 2023 FEB -6 / |
| | | Name | 6.4 6.4 | 7) (1) (1) (2) | A |
| | 115 North Calhoun St. S | ite 4 | | 15 | 11:4 |
| | Florida street addre | ess (P.O. Box <u>NO</u>) | [acceptable] | 1 | 2 |
| | Tallahassee | FL | 32301 | | |

State

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.,

(CONTINUED)

Zip

| Ditte: ' | Name and Address: |
|---|--|
| AMBR* = Authorized Memi | kt |
| MGR" = Manager | |
| MGR | <u>Dennis Ziemblicki-Colon</u> |
| | 2130 Harriet Dr Tallahassee Fl. 32303 |
| | Tananassee 14, 52,205 |
| MGR | Calm McCaulm |
| | Caden McCauley 4912 6th Place |
| | Meridian MS 39305 |
| MGR | |
| MGK | Mark Montelongo |
| | 7202 Gold Ruige Rd |
| | Corous Christi TX 78413 |
| MGR | |
| 141010 | Chandler Johnson |
| | 1904 Woodsmann Dr Apt A |
| | College Station TX 77840 |
| V: Effective date, if other the three date is listed, the date is filling.) | an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 9 does not meet the applicable statutory filing requirements, this date will no |
| filing.) | must be specific and cannot be more than five business days prior to or 9 does not meet the applicable statutory filing requirements, this date will no |
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