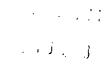
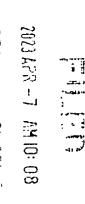


(Per	questor's Name)	
(1/6/	400000000000000000000000000000000000000	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(===		,
	cument Number)	
(00)	cument inumber)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
		i













FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/7/2023

NAME:

LUNCHBREAK STUDIOS & WRAPS LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	New Filing Secti Division of Corp	on orations				
	_	Studios and Wraps LL	С			
SUBJEC	CT:	Name of I	imited Li	ability Co	ompany	
The enc	losed Articles of (Organization and fee(s)	are subm	itted for f	iling.	
Please re	etum all correspor	ndence concerning this	matter to	the follow	ving:	
	Carl L Kenne	dy				
			Nan	ne of Pers	on	
	Kennedy & C	oard LLC				
	<u></u>		Fire	n/Compa	ny	
	2929 S Ocean	Blvd Ste 110				
		-		Address		
	Boca Raton	FL 33432				·
			City/Sta	ate and Zi	p Code	
	CLKTax@aol				1	
	E	E-mail address: (to be u	sed for tu	ture annu	аі героп поцисан	on)
For furth	er information co	ncerning this matter, pl	ease call:			
	304	at	552	0:	206	
	Nam	e of Person	Area Co	ode I	Daytime Telephone	number
	ed is a check for t	he following amount: ☐\$130.00 Filing Fe Certificate of Status	(Certified () Filing Fee & Copy opy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314		Ne The 24	eet Address w Filing Section Die Centre of Tallaha 15 N. Monroe Stre llahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lunchbreak Studi	os & Wraps LLC					
(Must o	contain the words "Limited I	iability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and stre	et address of the principal of	ffice of the Limited	l Liability Company is:			
<u>Prin</u>	cipal Office Address:		Mailing Addre	<u>ess</u> :		
980 N Federal H	wy Ste 110	980	N Federal Hwy Ste 119		-	
Boca Raton FL	33432	Boo	ea Raton FL 33432		-	
					-	
(The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	n.)	ent's Signature: You must designate an ind	lividual or S	2023 APR -7	Çare F
	Carl L Kennedy	<u> </u>	•		;;; ;	e agu
		Name		77.	лн IO:	رادي. ا ۽ ،
	980 N Federal Hwy	Ste 110		- ;		الهوب
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)	Ēα		
	Boca Raton	FL	33432			
	City	State	Zip			
Having been named as registe place designated in this certifi further agree to comply with t am familiar with and accept t	icate, I hereby accept the app he provisions of all statutes r he obligations of my position	tered Apent's Sign	der and complete performantes provided for in Chapter	ce of my duties		
		(CONTINUEL	")			

This document is executed in accordance I am aware that any false information sub constitutes a third degree felony as provide	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: If the date is listed, the date must be specific and cannot cument's effective date on the Department of State's records cument's effective date on the Department of State's records cument's effective date on the Department of State's records cument or all lawful business for which a Limited Liability. REOUIRED SIGNATURE: Signature of a member or an auth This document is executed in accordance I am aware that any false information sub constitutes a third degree felony as provided.	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: Effective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records cument's effective date on the Department of State's records cument or all lawful business for which a Limited Liability. REOUIRED SIGNATURE: Signature of a member or an authorized that any false information subconstitutes a third degree felony as provided.	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records on the Departmen	ve
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot of filing.) If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records LE VI: Other provisions, if any. Sact any or all lawful business for which a Limited Liability. REOUIRED SIGNATURE: Signature of a member or an autility of the document is executed in accordance I am aware that any false information subconstitutes a third degree felony as provided.	34868
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records of the VI: Other provisions, if any, sact any or all lawful business for which a Limited Liability. REOURED SIGNATURE: Signature of a member or an autility of the second of the constitutes a third degree felony as provided the Spurling of the second of the sec	
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records of the VI: Other provisions, if any, sact any or all lawful business for which a Limited Liability. REOURED SIGNATURE: Signature of a member or an autility of the second of the constitutes a third degree felony as provided the Spurling of the second of the sec	20
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records that I cannot are all lawful business for which a Limited Liability. REOURED SIGNATURE: Signature of a member or an autit This document is executed in accordance I am aware that any false information sub constitutes a third degree felony as provided.	23
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot of filing.) If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records LE VI: Other provisions, if any. Sact any or all lawful business for which a Limited Liability. REOUIRED SIGNATURE: Signature of a member or an autility of the document is executed in accordance I am aware that any false information subconstitutes a third degree felony as provided.	्री. े ं।
LE V: Effective date, if other than the date of filing: Fective date is listed, the date must be specific and cannot of filing.) If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records LE VI: Other provisions, if any. Seact any or all lawful business for which a Limited Liability. REOUIRED SIGNATURE: Signature of a member or an autity of the document is executed in accordance I am aware that any false information subconstitutes a third degree felony as provided.	
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records of the VI: Other provisions, if any, sact any or all lawful business for which a Limited Liability. REOURED SIGNATURE: Signature of a member or an autility of the second of the constitutes a third degree felony as provided the Spurling of the second of the sec	
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records that I cannot are all lawful business for which a Limited Liability. REOURED SIGNATURE: Signature of a member or an autit This document is executed in accordance I am aware that any false information sub constitutes a third degree felony as provided.	
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records that I cannot are all lawful business for which a Limited Liability. REOURED SIGNATURE: Signature of a member or an autit This document is executed in accordance I am aware that any false information sub constitutes a third degree felony as provided.	0
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records of the VI: Other provisions, if any, sact any or all lawful business for which a Limited Liability. REOURED SIGNATURE: Signature of a member or an autility of the second of the constitutes a third degree felony as provided the Spurling of the second of the sec	9
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot e of filing.) If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records that I cannot are all lawful business for which a Limited Liability. REOURED SIGNATURE: Signature of a member or an autit This document is executed in accordance I am aware that any false information sub constitutes a third degree felony as provided.	
Signatur of a member or an auti This document is executed in accordance I am aware that any false information sub constitutes a third degree felony as provide	
I am aware that any false information sub constitutes a third degree felony as provid	
Jake Spurlin Typed or print	orized representative of a member.
r yped or print	with section 605.0203 (1) (6), Florida Statutes. nitted in a document to the Department of State
Filing F \$125.00 Filing Fee for Articles of Organization and I \$ 30.00 Certified Copy (Optional)	with section 605.0203 (1) (6), Florida Statutes. nitted in a document to the Department of State

as

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

ARTICLE IV-