Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. CREAMERY LAB, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LL.C.," or "LL.C.")

CREAMERY LAB, LLC

ARTICLE II - Address:

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

14800 NW 60th Ave. Minni Lakes FL 33014

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.

Naseem Ben Kent 14800 NW 60th Are. Mism: Who

FL 33014

ARTICLE IV-

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

Maseem lea Kent - AMBR

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Required Signatures:

Signature of a member 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 felogy as provided for in s.817.155, F.S.

Typed or printed name of signee

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.

Register d Agent's Signature (REQUIRED)

2023 APR 26 PH 2: 36 SECRETARY OF STATE