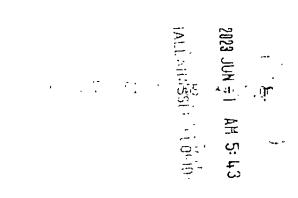
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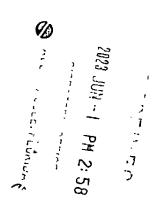
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| Certified Copies          | Certificates of S       | tatus       |
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| Special Instructions to F | ilina Officer:          | 1           |
| Special instructions to P | ning Orncer.            | į           |
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|                 | CUS                       |         |                                   |          |              |    |  |
| XX              | FILING                    | LLC     | ··· · - · - · · - · · · · · · · · |          |              |    |  |
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| PECIAI<br>NSTRU | L<br>CTIONS:              |         |                                   |          |              |    |  |
|                 |                           |         | <u></u>                           |          |              | ٠. |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liabil                     | ity Company is:                                                                     |                                           |                                                                                                                                                                                                          |  |  |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                         |                                                                                     |                                           |                                                                                                                                                                                                          |  |  |
| Mixology Boca 1 L                                                       | LC                                                                                  |                                           |                                                                                                                                                                                                          |  |  |
| (Must con                                                               | itain the words "Limited l                                                          | Liability Con                             | npany, "L.L.C.," or "LLC.")                                                                                                                                                                              |  |  |
| ARTICLE II - Address:<br>The mailing address and street                 | address of the principal o                                                          | ffice of the L                            | imited Liability Company is:                                                                                                                                                                             |  |  |
| Principal Office Address:                                               |                                                                                     |                                           | Mailing Address:                                                                                                                                                                                         |  |  |
| 8158 Glades Road                                                        |                                                                                     |                                           | 8158 Glades Road                                                                                                                                                                                         |  |  |
| Boca Raton, FL 334                                                      | 134                                                                                 |                                           | Boca Raton, FL 33434                                                                                                                                                                                     |  |  |
|                                                                         |                                                                                     |                                           |                                                                                                                                                                                                          |  |  |
| another business entity with an The name and the Florida street         | active Florida registratio                                                          | n.)                                       | Agent. You must designate an individual or                                                                                                                                                               |  |  |
|                                                                         | <u> </u>                                                                            | Name                                      | <del></del>                                                                                                                                                                                              |  |  |
|                                                                         | 8158 Glades Road                                                                    |                                           |                                                                                                                                                                                                          |  |  |
|                                                                         | Florida street address                                                              | s (P.O. Box J                             | NOT acceptable)                                                                                                                                                                                          |  |  |
|                                                                         | Boca Raton                                                                          | FL_                                       | 33434                                                                                                                                                                                                    |  |  |
|                                                                         | City                                                                                | State                                     | Zip                                                                                                                                                                                                      |  |  |
| place designated in this certificate further agree to comply with the p | e, I hereby accept the apporavisions of all fatutes resulting ations of my position | ointment as relating to the as registered | s for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S |  |  |
|                                                                         |                                                                                     | CONTIN                                    | HIED)                                                                                                                                                                                                    |  |  |

ARTICLE IV-

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

| Use attachment if necessary)  I.V. Effective date, if other than the date of filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| AMBR  Jordan Edwards 8158 Glades Road Boca Raton, FL 33434  AMBR  Gabrielle Edwards 8158 Glades Road Boca Raton, FL 33434  AMBR  Gabrielle Edwards 8158 Glades Road Boca Raton, FL 33434    Cy: Effective date, if other than the date of filing:  (OPTIONAL)  Livive date is listed, the date must be specific and cannot be more than five business days prior to or 90 or filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the feeting of the date on the Department of State's records.  VI: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Alexis R. Majano  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.  Alexis R. Majano  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certificate of Status (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | "MGR" = Man      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| AMBR  Jordan Edwards 8158 Glades Road Boca Raton, FL 33434  AMBR  Gabrielle Edwards 8158 Glades Road Boca Raton, FL 33434  AMBR  Gabrielle Edwards 8158 Glades Road Boca Raton, FL 33434    Cy: Effective date, if other than the date of filing:  (OPTIONAL)  Livive date is listed, the date must be specific and cannot be more than five business days prior to or 90 or filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the feeting of the date on the Department of State's records.  VI: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Alexis R. Majano  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b). 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| AMBR  Gabrielle Edwards 8158 Glades Road Boca Raton, FL 33434  Use attachment if necessary)  V. Effective date, if other than the date of filing:  Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lean's effective date on the Department of State's records.  VI: Other provisions, if any.  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.  Alexis R. 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| Boca Raton, FL 33434  Gabrielle Edwards 8158 Glades Road Boca Raton, FL 33434  Use attachment if necessary)  V: Effective date, if other than the date of filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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