⊙ 07/17/2023 5:38 AM	17278881294	→ 1850617638	1		pg 1 of 3
123	Florida Department of Ster Division of Corporations Electronic Filing Cover Sheet				
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.				
	(((H23000248876 3)))				
	H230002488763A&C7 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : FL PATEL LAW PLLC Account Number : 120170000097 Phone : (727)279-5037 Fax Number : (727)888-1294				
	Email Address: Reed3529@gmail.com				
RECEIVED BJUL 17 PH 1:56	FLORIDA LIMITED LIABILITY CO. Envixity Productions, LLC				
RECEI 17	Certificate o Certified Co Page Count Estimated Cl	py	1           0           02           \$130.00	2023 JUL 17 PM F SECRETARY OF ST TALLAHASSEE.	FILED
	Electronic Filing Menu	Corporate Filing Me	nu ŀ	PM 1:23 SEE, FL	•

#### ARTICLES OF ORGANIZATION

#### FOR

## ENVIXITY PRODUCTIONS, LLC A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE L Name

The name of the Limited Liability Company is: Envixity Productions, LLC (the "Company").

## ARTICLE II. Address

The principal office and mailing address of the Company is:

3110 1st Avenue North Suite 2M PMB 1039 St. Petersburg, Florida 33713

## <u>ARTICLE III.</u> Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 St. Petersburg, FL 33701

Having been named as registered agent and to accept service of process for the above stated limited liabler, company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to grave 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.

Vishva S Nandu (sign) FLP RA Services LLC

Page 1 of 2

m O

# ARTICLE IV. Authorized Members and Managers

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	Scott Reed 3110 1st Avenue North Suite 2M PMB 1039 St. Petersburg, Florida 33713		
MGR	Julie Reed 3110 1st Avenue North Suite 2M PMB 1039 St. Petersburg, Florida 33713		

# ARTICLE V.

The Effective date shall be the date of filing.

Scott Reed (sign)

2023 JUL 17 PH 1:23 FILED Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statuter I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.

Scott Reed

Authorized Representative/Member