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Division of Corporations
Fax Number : (850)617-6383

From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
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AMENDED AND RESTATED ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Check Bag, LLC (the "Company") filed its original Articles of Organization with the Florida Department of State on August 1, 2023, and was assigned document number L23000361156. These Amended and Restated Articles of Organization were duly adopted by the Company and were prepared in accordance with Section 605.0202, *Florida Statutes*.

ARTICLE I

Name

The name of this Limited Liability Company is:

Check Bag, LLC

ARTICLE II

Address

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

615 E. Harding St.
Orlando, FL 32806

ARTICLE III

Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV

Initial Board of Managers

This Limited Liability Company shall have one (1) manager. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

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The name and address of the manager of this Limited Liability Company is as follows:

NameStreet Address

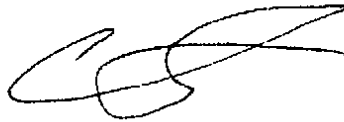
Craig Mateer

615 E. Harding Street
Orlando, FL 32806**ARTICLE V****Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

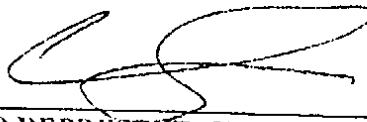
Craig Mateer
615 E. Harding Street
Orlando, FL 32806

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes



REGISTERED AGENT'S SIGNATURE

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 felony as provided in Section 817.155, Florida Statutes.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

Craig Mateer, Authorized Representative

Type or printed name of signee