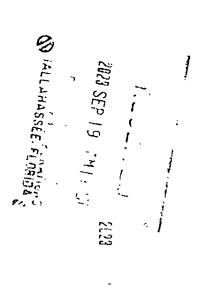
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Special Instructions to	Filing Officer:	





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Account#: I20000000088

Date:	09/19/2023			
Name:	KEN			
	#:2121961			
		SO COMPO	OUND, LLC	
✓ Artic	cles of Incorporation/Au	horization to Tr	ansact Busines	s
☐ Ame	endment			
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☐ Rei	nstatement			
Cor	version			
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Diss	solution/Withdrawal			
☐ Fict	itious Name			
☐ Oth	er			
Authorized	Amount:\$12	25.00	_	
Signature			=	



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Account#: I20000000088

Date: 09/	/19/2023	
Name:	KEN	
	2121961	
		COMPOUND, LLC
		zation to Transact Business
☐ Amendme	ent	
Change o	of Agent	
Reinstate	ment	
Conversion	on	
☐ Merger		
☐ Dissolutio	on/Withdrawal	
☐ Fictitious	Name	
Other		
Authorized Amo	unt: <b>\$125.0</b> 0	<u> </u>
Signature:		

F: 800.944.6607

F: +852.2682.9790

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	020.0	mpound, LLC	
(Must e	ontain the words "Limited Liabi	<u> </u>	C "or "[.] ( ")
(Music	Ontain the words. Entitled Entor	my company. C.E.	c or bbc. )
ARTICLE II - Address:			r: 0
The mailing address and stre	et address of the principal office	of the Limited Liabil	itty Company is:
<u>Prir</u>	cipal Office Address:		Mailing Address:
	dra Davilavard, Svita 1540	12100 14	Vilshire Boulevard, Suite 1
12100 Wilsh	ire Boulevard, Suite 1540	12100 9	monnie Bookevara, care i
Los / ARTICLE III - Registered The Limited Liability Comp	Angeles, CA 90025  Agent, Registered Office, & Reany cannot serve as its own Regi	egistered Agent's Si	os Angeles, CA 90025
ARTICLE III - Registered The Limited Liability Companother business entity with	Angeles, CA 90025  Agent, Registered Office, & Re	egistered Agent's Si	os Angeles, CA 90025
ARTICLE III - Registered The Limited Liability Companother business entity with	Angeles, CA 90025  Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.)  eet address of the registered agent	egistered Agent's Si	os Angeles, CA 90025
ARTICLE III - Registered (The Limited Liability Companother business entity with	Angeles, CA 90025  Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.)  eet address of the registered agent	egistered Agent's Si istered Agent. You m nt are: ncy Global Inc.	os Angeles, CA 90025
ARTICLE III - Registered (The Limited Liability Companother business entity with	Angeles, CA 90025  Agent, Registered Office, & Reany cannot serve as its own Registration.)  eet address of the registered agenth Coge  National Control Code	egistered Agent's Si istered Agent. You m nt are: ncy Global Inc.	os Angeles, CA 90025  gnature: nust designate an individual o
ARTICLE III - Registered (The Limited Liability Companother business entity with	Angeles, CA 90025  Agent, Registered Office, & Reany cannot serve as its own Registration.)  eet address of the registered agenth Coge  National Control Code	egistered Agent's Si istered Agent. You must are: ncy Global Inc. me alhoun Street, Suit	os Angeles, CA 90025 gnature: nust designate an individual o
ARTICLE III - Registered (The Limited Liability Companother business entity with	Angeles, CA 90025  Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.)  eet address of the registered agenth Coge Nation 115 North C	egistered Agent's Si istered Agent. You must are: ncy Global Inc. me alhoun Street, Suit	os Angeles, CA 90025 gnature: nust designate an individual o

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..

Clizabeth Gallardo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

AMBR" = Authorized Member MGR" = Manager MGR	
	Claire Mara Takamatsu
MIOIN .	12100 Wilshire Boulevard, Suite 1540
	Los Angeles, CA 90025
AMBR	Brian Warfield
	12100 Wilshire Boulevard, Suite 1540
	Los Angeles, CA 90025
	<u></u> .
	<del></del>
Use attachment if necessary)	
•	es records.
•	s s records.
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EVI: Other provisions, if any.	s s records.
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REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform	or an authorized representative of a member. eccordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony	or an authorized representative of a member. eccordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State r as provided for in s.817.155, F.S.  Scott L. Adair
This document is executed in a I am aware that any false inform constitutes a third degree felony	or an authorized representative of a member. eccordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State as provided for in s.817.155, F.S.
REQUIRED SIGNATURE:  Signature of a member of This document is executed in all am aware that any false inform constitutes a third degree felony.  Type	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.  Scott L. Adair d or printed name of signee  Filing Fees:
Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony  Type  \$125.00 Filling Fee for Articles of Organizate	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.  Scott L. Adair d or printed name of signee  Filing Fees:
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