(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100416564701

S. Chinitarini

CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 10/06/23 Order #: 1287412-1 Re: Lion and Loki LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Lion and Loki LLC	21 21 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.11. 6		
(Must con	atin the words "Limited Lia	ability Company,	"L.L.C.," or "LI.C.")	
ICLE II - Address:				
ailing address and street a	ddress of the principal offi	ice of the Limited	Liability Company is:	
Principal Office Address:		Mailing Address:		
1801 N. Econlockha	tchee Trail	PO I	Box 678414	
Orlando, FL 32817			ndo, FL 32817	
Limited Liability Company	cannot serve as its own R	egistered Agent.	nt's Signature: You must designate an individ	dual or
ELimited Liability Company her business entity with an	cannot serve as its own R active Florida registration.	egistered Agent. ')		dual or
E Limited Liability Company her business entity with an	cannot serve as its own R active Florida registration.	egistered Agent. `) gent are:		dual or
TICLE III - Registered Ag the Limited Liability Company ther business entity with an ename and the Florida street	cannot serve as its own Ractive Florida registration. address of the registered at Corporation Service Co	egistered Agent. `) gent are:		dual or
e Limited Liability Company ther business entity with an	cannot serve as its own Ractive Florida registration. address of the registered at Corporation Service Co	egistered Agent. ') gent are: ompany		dual or
e Limited Liability Company ther business entity with an	cannot serve as its own R active Florida registration. address of the registered at Corporation Service Co	egistered Agent. `) gent are: ompany Name	You must designate an individ	dual or
Limited Liability Company her business entity with an	cannot serve as its own R active Florida registration. address of the registered at Corporation Service Co	egistered Agent. `) gent are: ompany Name	You must designate an individ	dual or

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..

Corporation Service Company

By Western Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Litte:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
4.3.4DD	Consideration Disease
AMBR	Stephanie Piza
	PO Box 678414 Orlando, FL 32817
	Orlando, PL 32817
MGR	Carolyn Moore
WOK	PO Box 678414
	Orlando, FL 32817
<u>AMBR</u>	Catapult Retail Advisors, LLC
 	614 NW 2nd Street
	Bentonville, AR 72712
	*: x
	, when ,
	<u> </u>
	· ·
	G)
(Use attachment if necessary)	*****
	** · · · * * * * * * * * * * * * * * *
ARTICLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)
(If an effective date is listed, the date must be	ate of filing:
the date of filing.)	
	ot meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	
the document's effective date on the Departme	nt of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any.	
 	
REQUIRED SIGNATURE:	. ^
·	1 And
	SO/UBUATTINO
Signature of a	member or an authorized representative of a member.
Lam average that any fi	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
r am aware mat any n	alse information submitted in a document to the Department of State
constitutes a third deg	ree felony as provided for in s.817.155, F.S.
	Occasion Manage
	Carolyn Moore
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)