

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L24000210758
FILED 8:00 AM
May 10, 2024
Sec. Of State
klovelace

Article I

The name of the Limited Liability Company is:

PARADISE BACKYARD LLC

Article II

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

1830 BENNETT RD
SAINT AUGUSTINE, FL. US 32092

The mailing address of the Limited Liability Company is:

1830 BENNETT RD
SAINT AUGUSTINE, FL. US 32092

Article III

Other provisions, if any:

ANY AND LAWFULL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

LM ACCOUNTING & PAYROLL SERVICES LLC
8382 BAYMEDOWS RD
SUITE 4
JACKSONVILLE, FL. 32256

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.

Registered Agent Signature: LUCIMAR V. MUSCH

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
PATRICE V KILCOYNE
1830 BENNETT RD
SAINT AUGUSTINE, FL. 32092 US

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Article VI

The effective date for this Limited Liability Company shall be:

05/10/2024

Signature of member or an authorized representative

Electronic Signature: PATRICE V. KILCOYNE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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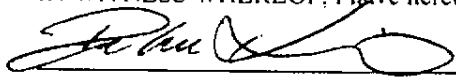
AFFIDAVIT OF NAME TRANSFER

State of Florida, County of St Johns

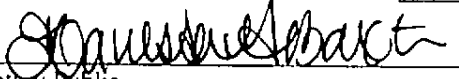
I, Patrice V. Kilcoyne, at 1830 Bennett Rd, Saint Augustine, FL 32092, in the County of St. Johns, State of Florida, being duly sworn, depose and say:

1. **Affiant Information:** My name is Patrice V. Kilcoyne. I am competent to make this affidavit. The facts stated herein are based on my personal knowledge.
2. **Declaration of Intent:** I hereby declare my intention to formally release and transfer the name "Paradise Backyard INC" to the newly formed entity known as "Paradise Backyard LLC".
3. **Relationship to Entities:** I am the owner, of both entities involved in this transfer, namely Paradise Backyard INC and Paradise Backyard LLC.
4. **Reason for Transfer:** The reason for this name transfer is to re-establish the business under a new entity structure that better suits its operational and financial objectives.
5. **Effective Date of Transfer:** This transfer of the business name "Paradise Backyard INC" to "Paradise Backyard LLC" shall take effect immediately upon the execution of this affidavit.
6. **Legal and Binding Transfer:** I assure that this transfer is made lawfully, with no intention of fraud, deceit, or evasion of obligations. I understand that this affidavit is executed for the purpose of documenting the name transfer of "Paradise Backyard INC" to "Paradise Backyard LLC" and may be relied upon by any interested parties, governmental agencies, financial institutions, or other entities.
7. **Further Assurance:** I agree to perform any further acts and execute and deliver any documents that may be reasonably necessary to carry out the provisions of this affidavit.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th day of May, 2024

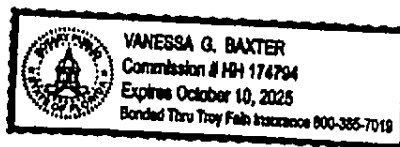

Patrice V. Kilcoyne

Sworn to and subscribed before me this 10th day of May, 2024


Notary Public

My Commission Expires: 10/10/2025

(SEAL)



Notary Public: [Name of Notary] Vanessa G. Baxter

County of Doral State of Florida

Instructions: Please fill in the blanks with the appropriate information related to your state, county, position, address, and the date of execution. Ensure that this affidavit is notarized to validate its authenticity.