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To: Division of Corporations  
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From: Account Name: HANCOCK & ASSOCIATES, LLC  
Account Number: 10099000123  
Phone: 850 766-1111  
Fax Number: (850) 424-5093

"Enter the email address for this business entity to be used for future annual report mailings. Enter only the email address please."

Email Address: jcampfield@handfirm.co

FLORIDA LIMITED LIABILITY CO.  
SCADAPTOGENS, LLC

Report Date of Status	1
Certified True	0
Page Count	03
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**ARTICLES OF ORGANIZATION  
OF  
M ADAPTOGENS, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is M ADAPTOGENS, LLC, ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
1197 AIRPORT ROAD, BLDG 1  
DESTIN, FL 32541

Mailing Address:  
1197 AIRPORT ROAD, BLDG 1  
DESTIN, FL 32541

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

HAND ARENDALL HARRISON SALE, LLC  
C/O DION MONIZ  
35008 EMERALD COAST PKWY, STE 500  
DESTIN, FL 32541

*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.*

*Dion J. Moniz*

HAND ARENDALL HARRISON SALE, LLC

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## ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

MYB HOLDINGS, LLC  
1197 AIRPORT ROAD, BLDG 1  
DESTIN, FL 32541

## ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 6/6/2024.

## REQUIRED SIGNATURE:



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Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any 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.

Matt Staver, as AMBR of MYB HOLDINGS, LLC,  
a Delaware limited Liability Company

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Typed or printed name of signer