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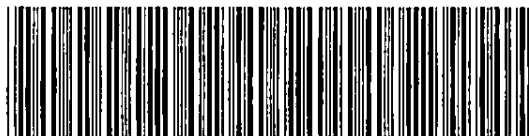
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Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY
DREWSKI, LLC

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PICK ONE:

___ CERTIFIED COPY ☒ PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ☒ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICE MARK/TRADEMARK ___ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
___ OTHER _____

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DATE 07/08/24 TIME _____

Notes: _____

**ARTICLES OF ORGANIZATION
OF
DREWSKI, LLC**

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

ARTICLE I - Name

The name of the limited liability company is: **DREWSKI, LLC**, hereinafter referred to as the "Limited Liability Company."

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 12433 102nd Avenue, Seminole, Florida 33778.

ARTICLE III - Period of Duration.

The Limited Liability Company shall come into existence upon the filing of these Articles of Organization with the Secretary of State, State of Florida, and shall have perpetual existence, unless earlier terminated by operation of law or as provided in these Articles of Organization or the Operating Agreement of the Limited Liability Company.

ARTICLE IV - Initial Registered Office and Registered Agent

The name and address of the initial registered agent in Florida for the Limited Liability Company are: William E. Swenson, 12433 102nd Avenue, Seminole, Florida 33778.

ARTICLE V - Membership

Additional persons or entities may be admitted to the Limited Liability Company on such terms and conditions as determined by the Manager and the Operating Agreement of the Limited Liability Company.

ARTICLE VI - Purpose

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall

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have all the powers vested in a limited liability company organized and existing by virtue of such laws.

ARTICLE VII - Management.

The Limited Liability Company shall be managed by one or more Managers. The name and address of the initial Manager who is to serve as such until his successor(s) is/are elected and qualified is as follows:

William E. Swenson.

ARTICLE VIII - Rules and Regulations of the Company

The power to adopt, alter, amend or repeal the rules and regulations of the Limited Liability Company shall be vested in the Manager(s) of the Company in accordance with the Operating Agreement of the Limited Liability Company and Chapter 605 of the Florida Statutes.

IN WITNESS WHEREOF, the undersigned, being the organizer of the Limited Liability Company, certifies that this instrument constitutes the proposed Articles of Organization of Drewski LLC, pursuant to, and in accordance with, Chapter 605 of the Florida Statutes.

Duly executed at Seminole, Florida on this 21st day of June 2024.

/s/ William E. Swenson

William E. Swenson.

Organizer, Authorized Representative

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SEMINOLE COUNTY FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the above-mentioned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: Drewski, LLC.
2. The name and street address of the registered agent and office are: William E. Swenson,

12433 102nd Avenue, Seminole, Florida 33778.

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.

/s/ William E. Swenson
William E. Swenson,
Registered Agent

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STATE OF FLORIDA