Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GOODING & BATSEL, PLLC

Account Number : I20220000007 Phone : (352)579-1290 Fax Number : (352)579-1289

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

clayalbrightinc@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO.

2CrazyCrackers, LLC

Certificate of Status	0
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Fax: +13525796539

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2CrazyCrackers, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

702 SE 14th Avenue Ocaia FL 34471

P O Box 3718 Ocala FL 34478

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration).

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

Robert C. Albright Name

702 SE 14th Avenue Florida street address (P.O. Box is NOT acceptable)

> Ocala, FL 34471 City, State, and Zip

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. 2024 DEC 19 PM 4: 29

Registered Agent's Signature (REQUIRED)

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From: Karid Hayter

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Robert C. Albright 702 SE 14th Avenue Ocala, FL 34471

Name and Address:

ARTICLE V: Effective Date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing).

ARTICLE VI: Other Provisions, if any.

- 1. This is a manager-managed limited liability company.
- 2. These Articles can be amended by vote or written consent of the holders of a majority of the membership interests.

REQUIRED SIGNATURE:

Robert C. Albright

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

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Robert C. Albright, as Member or Authorized Representative of a Member Typed or printed name of signee

P.UG\Albright, Clay\Purchase from School Board\Entity Info\Articles of Organization docy

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