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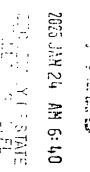
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| Special Instructions to | Filing Officer:      |             |
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JJS

## COVER LETTER

|                | w Filing Section<br>vision of Corporations   |
|----------------|--|
| SUBJECT:       | LEMON DRUP PLAY CAFE', LLC.  |
|                | Name of Limited Liability Company  |
| The enclose    | d Articles of Organization and fee(s) are submitted for filing.  |
| Please return  | all correspondence concerning this matter to the following:  |
|                | JADE HUXTABLE  Name of Person  |
| -              | Name of Person   |
|                |  |
| •              | Firm/Company   |
|                | 15143 NEWGUAY CT,  |
| -              | Address  |
|                | WELLINGTON, FL 33414   |
| •              | City/State and Zip Code  jadedawn hux table @ 9 mail com  E-mail address: (to be used for future annual report notification)   |
|                | E-mail address: (to be used for future annual report notification)   |
| For further in | formation concerning this matter, please call:   |
| J              | TADE HUXTABLE at (561) 906 9119  |
| _              | Name of Person Area Code Daytime Telephone Number  |
| Enclosed is    | a check for the following amount:  |
| □\$125.00°     | Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)  |
|                | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303 |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:                         |                                   |
|---|-----------------------------------|
| LEMON DRUP PLI  | AY CAFE', LLC.                    |
| (Must contain the words "Limited Liability  | y Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the principal office of | the Limited Liability Company is: |
| Principal Office Address:   | Mailing Address:                  |
| 15143 NEWGUAY CT  | 15143 NEWQUAY CT                  |
| ISI43 NEWGUAY CT<br>WELLINGTON, FC  | WELLINGTON, FL                    |

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 Florida street address of the registered agent are:

Name

15143 NEWGUAY CT

Florida street address (P.O. Box NOT acceptable)

WELLINGTON, FL 33414

City State 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

2025 JAN 24 AM 6:50

ARTICLE IV-

- .

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

| Title:  | Name and Address:   |                              |
|---|---|------------------------------|
| "AMBR" = Authorized Men   | nber  |                              |
| "MGR" = Manager   | The Live Tage   |                              |
| <u> </u>  | JADE HUXTABLE   |                              |
|   | 15143 NEWQUAY CT  |                              |
|   | WELLINGTON, FL 33LHY  |                              |
| MGR   |   |                              |
| 7-1417  | JACOB HUXTABLE  |                              |
|   | 15:43 NEWGYNY CT<br>WELLINGTON, FL 33414  |                              |
|   | WCCC110 & 1-10, 1-6 33414   |                              |
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|   |   |                              |
| (Use attachment if necessary  | <i>y</i> )  |                              |
| Note: If the date inserted in this block the document's effective date on the land the ARTICLE VI: Other provisions, if any | •   | listed as                    |
| REQUIRED SIGNATURE  | 2:<br>  | —<br>—<br>—                  |
|   |   |                              |
| This docume   | ture of a member or an authorized representative of a member.  tent is executed in accordance with section 605,0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. |                              |
|   | JAPE HUXTABLE   | · · <u>. · :</u>             |
|   | TAPE HUX TABLE  Typed or printed name of signee   |                              |
|   | r yped or printed name of signee  | e vesto<br>E                 |
|   | File - Fr   | FF 17                        |
| \$125.00 Filing Fee for Ar  | rticles of Organization and Designation of Registered Agent   | g tit<br>, wa <del>eng</del> |
| \$ 30.00 Certified Copy (   | Optional)   |                              |
| \$ 5.00 Certificate of Sta  |   |                              |
|   | IT)   |                              |