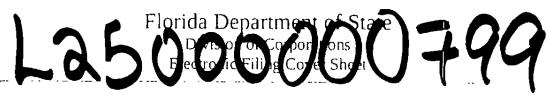
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

S CHATHAM Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_\_

# FLORIDA LIMITED LIABILITY CO. MAGNETIC BRANDING STUDIO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

12/30/2024 st 3:19:47 PST To: 18506176381 Page: 2/3 Fex: 8134365206

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

## MAGNETIC BRANDING STUDIO LLC

(Must contain the words "Limited Liability 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:
3833 Powerline Rd	3833 Powerline Rd
Suite 201	Suite 201
Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309

## 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:

Northwest Registere	d Agent LLC		
	Name		
7901 4th St N		STE 300	
Florida street addres	s (P.O. Box No	OT acceptable)	
St. Petersburg	FL	33702	
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)



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To: 18506176381

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Fax: 8134365206

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Fernandez, Samantha Ingeborg
	3833 Powerline Rd Suite 201
	Fort Lauderdale, Ft. 33309
f filing.) the date inserted in this block does n	date of filing:
E.V: Effective date, if other than the octive date is listed, the date must be filling.) the date inserted in this block does need a effective date on the Department's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not
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