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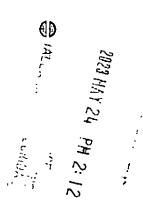
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### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/23/23

NAME: ATHLETIC SOUNDS LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability  | Company is:   |  |  |                          |
|--|---|--|--|--------------------------|
| The hank of the British Blooms   | , cop, .s.  |  |  |                          |
| Athletic Sounds LLC  |   |  |  |                          |
| (Must conta  | in the words "Limited                                 | Liability Com                          | pany, "L.L.C.," or "LLC.")   |                          |
| ARTICLE II - Address:<br>The mailing address and street ad   | dress of the principal o                              | ffice of the Li                        | mited Liability Company is:  |                          |
| <u>Principa</u>  | ıl Office Address:                                    |  | Mailing Address:   |                          |
| 10859 Mobberley Cir<br>Orlando, FL 32832   |   |  | 10859 Mobberley Cir<br>Orlando, FL 32832   |                          |
| Oriando, i il diadol   | · · · · · · · · · · · · · · · · · · ·                 |  |  |                          |
| ARTICLE III - Registered Age<br>(The Limited Liability Company<br>another business entity with an a<br>The name and the Florida street a | cannot serve as its own<br>ctive Florida registration | n Registered A<br>on.)<br>d agent are: | gent. You must designate an individual or  |                          |
|  | <u></u>   | Name                                   |  |                          |
|  | 155 Office Plaza Dri                                  | ive, 1st Floor                         |  |                          |
|  | Florida street addres                                 |  | IOT acceptable)  |                          |
|  | Tallahassee   | FL                                     | 32301  |                          |
|  | City  | State                                  | Zip  |                          |
| place designated in this certificate,<br>further agree to comply with the pr   | I hereby accept the app<br>ovisions of all statutes r | ointment as re<br>elating to the p     | for the above stated limited liability compa<br>gistered agent and agree to act in this cap<br>proper and complete performance of my di<br>agent as provided for in Chapter 605, F.S | acity. I<br>uties, and I |
|  | see   | attachment pa                          | age  |                          |
|  | Regist  | tered Agent's                          | Signature (REQUIRED)   |                          |
|  |   | (CONTIN                                | UED)   |                          |

ARTICLE IV-

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

| filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.  E VI: Other provisions, if any.  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.  Benton James, Authorized Person Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | MGR The Kings English Media LLC  1450 Garden Street, Apt. N403  Hoboken, NJ 07030  Use attachment if necessary)  EV: Effective date, if other than the date of filing:  (OPTIONAL)  trive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da  filling.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tent's effective date on the Department of State's records.  EVI: Other provisions, if any.  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.817.135, F.S.  Benton James, Authorized Person  Typed or printed name of signee  Filing Fees:    | AMDK - Au   | morized Member  |  |             |
|---|---|---|---|--|-------------|
| The Kings English Media LLC 1450 Garden Street, Apt. N403 Hoboken, NJ 07030  E.V.: Effective date, if other than the date of filing:  | Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  | $^{\prime\prime}MCD^{\prime\prime}=Man$   | ager  |  |             |
| 1450 Garden Street, Apt. N403   Hoboken, NJ 07030   | Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tent a effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOUIRED SIGNATURE:  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.  Benton James, Authorized Person  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent |   | agcı  | mi vet m 11 k va 11 7 7 60   |             |
| Hoboken, NJ 07030  E.V: Effective date, if other than the date of filing:   | Use attachment if necessary)  S.V.: Effective date, if other than the date of filing:   | MGR_  | <del></del>   | 1450 Garden Street, Apr. N403  |             |
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#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 5/23/2023

ENTITY NAME: Athletic Sounds LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated