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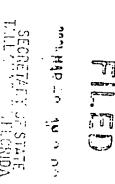
(Requestor's Name)
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PICK-UP WAIT MAIL
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TI.H 311/24

COVER LETTER .

TO:	New Filing Sec Division of Cor					
SUBJEC		novation LLC				
SUBJEC	-1; <u></u>	Name	of Limited Li	ability Company		_
The encl	osed Articles of	Organization and fe	e(s) are submi	tted for filing.		
Please re	ctum all correspo	ndence concerning t	his matter to t	the following:		
	David Ayus	o				
			Nam	e of Person		
		·	Fira	n/Company		
	851 S St Ro	oad 434 Suite 326				
			A	Address		
	Altamonte S	Springs, FL 32714			<u> </u>	
	dayuso@upr	oarinnovation.com	-	te and Zip Code		
				ure annual report notifica	ation)	17.17 17.17 17.17 17.17
For furthe	er information co	ncerning this matter	, please call:			SECRETAL TELL
	Adam Stam	er	239 at (336-4572		
	Nam	e of Person	Area Co	le Daytime Telepho	one Number	- 19 (F)
Enclose	d is a check for t	he following amoun	t:			OF STATE
□\$125	.00 Filing Fee	□\$130.00 Filing Certificate of Sta	tus Co	\$155.00 Filing Fee & entified Copy itional copy is enclosed)	Certific Certifie	.00 Filing Fee, ate of Status & d Copy I copy is enclosed)
	New F Divisi	ng Address Tiling Section on of Corporations Box 6327		Street Address New Filing Section The Centre of Talla 2415 N. Monroe St	hassee)

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Li	ability Company is:		
UpRoar Innova	ition.LLC		
(Must	contain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Li	mited Liability Company is:
<u> Pri</u>	ncipal Office Address:		Mailing Address:
951 C State De	oad 434 Suite #326		851 S State Road 434 #326
OO I O SHALE KL	MU 434 Suite #326		001 0 0 Mate 110a0 404 #020
Altamonte Spri	ngs, FL 32714 Agent, Registered Office,	& Registered	Altamonte Springs, FL 32714 Agent's Signature:
ARTICLE III - Registered (The Limited Liability Comanother business entity with	ngs, FL 32714 Agent, Registered Office,	Registered Apn.)	Altamonte Springs, FL 32714
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	Registered Apn.)	Altamonte Springs, FL 32714 Agent's Signature:
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	Registered Apn.)	Altamonte Springs, FL 32714 Agent's Signature:
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	Registered Agn.) agent are:	Altamonte Springs, FL 32714 Agent's Signature:
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered David Ayuso	Registered Agen.) agent are: Name	Altamonte Springs, FL 32714 Agent's Signature: gent. You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered David Ayuso 4017 Castell Dr	Registered Agn.) agent are: Name	Altamonte Springs, FL 32714 Agent's Signature: gent. You must designate an individual or

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)

ARTICLE IV-

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

AMBR" = Auth	orized Meinber		
MGR" = Manaj			
AMBR	Adam Sta	amer	
MINIST	5305 Holl	ly Ridge Lane	,
	Knoxville,	, TN 37931	
AMBR	David Ayı	USO	
11014511	4017 Cas	stell Dr	
	Orlando,	FL 32810	
-			
			
V: Effective detive detive date is list	ate, if other than the date of filing: ed, the date must be specific and can	not be more than five business	days prior to or 90
V: Effective detive date is list filling.) the date inserted tent's effective	ate, if other than the date of filing: ed, the date must be specific and can in this block does not meet the applicate on the Department of State's reco	not be more than five business able statutory filing requiremen	days prior to or 90
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COVER LETTER

	ew Filing Sec vivision of Cor				
SUBJECT	UpRoar In	novation LLC			
SOBJECT	·	Name of	Limited Lia	bility Company	
The enclos	sed Articles of	Organization and fee() are submit	ted for filing.	
Please retu	ım all correspo	ondence concerning thi	s matter to th	ne following:	
	David Ayus	0			
			Name	of Person	
	-				
			Firm	/Company	
	851 S St Ro	oad 434 Suite 326			
			A	ddress	
	Altamonte S	Springs, FL 32714			
	dayuso@upr	oarinnovation.com	City/State	and Zip Code	
			used for futu	re annual report notifica	tion)
For further:	information co	ncerning this matter, p	lease cali:		
	Adam Stam		239	336-4572	
	Nam	e of Person	Area Code	e Daytime Telephor	ne Number
Enclosed i	is a check for t	he following amount:			
□\$125.0	0 Filing Fee	□\$130.00 Filing Fo Certificate of Statu	Cer	\$155.00 Filing Fee & rtified Copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy) is endosed)
		ng Address		Street Address New Filing Section I	Division S
	Divisi P.O. B	Filing Section on of Corporations Box 6327 assee, FL 32314		The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 3230	hassee RAA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
UpRoar Innovation (Must cont		Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal o	office of the L	imited Liability Company is:
Princip	al Office Address:		Mailing Address:
851 S State Road 4			851 S State Road 434 #326
Altamonte Springs,	FL 32714		Altamonte Springs, FL 32714
another business entity with an a	active Florida registratio	on.)	Agent. You must designate an individual or
	David Ayuso	_	
		Name	
	4017 Castell Dr		
	Florida street addres	s (P.O. Box I	NOT acceptable)
	Orlando	<u> </u>	32810
	City	State	Zip
laving heen named as registered o	gent and to accept serv	ice of process	for the above stated limited liability company at t

Having heen 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)

ARTICLE IV-

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

AMBR Adam Starmer 5305 Holly Ridge Lane Knowlie, TN 37931 AMBR David Ayuso 4017 Castell Dr Orlando, FL 32810 V: Effective date, if other than the date of filing:	AMBR Adam Starmer 5305 Holly Ridge Lane Knoxville, TN 37931 AMBR David Ayuso 4017 Castell Dr Orlando, FL 32810 V: Effective date, if other than the date of filing:	'AMBR" = Authorized Member 'MGR" = Manager	
AMBR Adam Starner 5305 Holly Ridge Lane Knoxville, TN 37931 MBR David Avuso 4017 Castell Dr Ordando, FL 32810 V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. EEOUTRED 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. David Avuso Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifled Copy (Optional)	Adam Starner 5305 Holly Ridge Lane Knoxville, TN 37931 AMBR David Avuso 4017 Castell Dr Ordando, FL 32810 Use attachment if necessary) V. Effective date, if other than the date of filing: (OPTIONAL) The date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing, he date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing, he date inserted in this block does not meet the applicable statutory filing requirements, this date will not sent's effective date on the Department of State's records. VI: Other provisions, if any. REQUIRED 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. David Avuso Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	•	
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Orlando, FL 32810 V: Effective date, if other than the date of filing:	Orlando, FL 32810 V: Effective date, if other than the date of filing:	NIDK	
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