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ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

SS-4270

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Division of Business Services Department of State

> State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102 (615) 741-2286

-FILED-

For Office Use Only

Control # 001059619

Tre Hargett
Secretary of State

KEITH GOBER

331 RIVER DR

WILSON COUNTY

MOUNT JULIET, TN 37122-2023

Filing Fee: \$50.00 per member (minimum fee = \$300.00, maximum fee = \$3,000.00)

The Articles of Organization presented herein are adopted in accordance with the provisions of

the Tennessee Revised Limited Liability Company Act. T. 1. The name of the Limited Liability Company is: Mangled Mascots LLC V D Ω (Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.") ⋖ D 2. Name Consent: (Written Consent for Use of Indistinguishable Name) Q This entity name already exists in Tennessee and has received name consent from the existing entity. Q 3. This company has the additional designation of: None \vdash D nne 4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is: Ø Mangled Mascots LLC Ø Œ **KEITH GOBER** 331 RIVER DR S MOUNT JULIET, TN 37122-2023 \bigcirc WILSON COUNTY Ω Ŕ (1) 5. Fiscal Year Close Month: March 6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: 0 (Not to exceed 90 days) (none) Ω 7. The Limited Liability Company will be: ✓ Member Managed ☐ Director Managed യ Œ 8. Number of Members at the date of filing: 9. Period of Duration: Perpetual 10. The complete address of the Limited Liability Company's principal executive office is: K

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The name of the Limited Liability Company is: Mangled Mascots LLC		— ;
11. The complete mailing address of the entity (if different from the principal office) is: KEITH GOBER		μ [2]
331 RIVER DR		ל ת
MOUNT JULIET, TN 37122-2023		Ω Π
12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)		— (s
☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.		7
		(∏
13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.) ☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders. Licensed Profession:		
14. Series LLC (optional) I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)		 ე ე
15. Obligated Member Entity (list of obligated members and signatures must be attached) This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none) I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.		ecary or
16. This entity is prohibited from doing business in Tennessee: This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.		<u></u> היק היק
17. Other Provisions:		⊢
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Electronic	Manchau	¤
Electronic Signature	Member Title/Signer's Capacity	— (
Keith D Gober	Oct 29, 2019 4:25PM	(
Printed Name	Date	- $ $

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