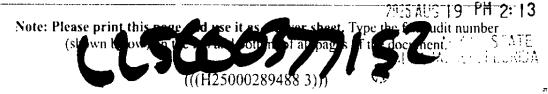
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SODL & INGRAM PLLC

Account Number : I20190000071 Phone : (904)257-5777 Fax Number : (904)347-2738

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

FLORIDA LIMITED LIABILITY CO. 24 N. MARKET, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED'

ARTICLE I - Name:

The name of the Limited Liability Company is:

7075 AUG 19 PM 2: 13

SEC. 1

24 N. MARKET, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLQ



ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2440 MAY PORT ROAD, SUITE 3	2440 MAY PORT ROAD, SUITE 3
ATLANTIC BEACH, FL 32233	ATLANTIC BEACH, FL 32233

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:

PETRA MANAGEME	NT, INC.	
N	lame	
2440 MAY PORT RD,	SUTTE 3	
Florida street address (I	P.O. Box NOT a	cceptable)
ATLANTIC BEACH	FL	32233
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)
Andrew M. Sodl, as Authorized Representative

(CONTINUED)

- '.

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Title:	Name and Address:	2025 AUG 19	PH 2: 13
"AMBR" = Authorized Member	CHAIR MIN / IMM LSS	0=0	2.10
"MGR" = Manager		Second All A	STATE
MGR	CHRIS HIONIDES	<u> </u>	مُرْأَدُارِهِا ا
	2440 MAY PORT ROAD, SUITE ATLANTIC BEACH, FL 32233	.3 ***	
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(Use attachment if necessary)			
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)