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SKS & Associates, L.C. 20423 State Road 7, Suite 6209 Boca Raton, FL 33498

CR2E031(7/97)

MJH

Office Use Only

| ADDAD ATTAN N | IAMEZON O DOCUT | NATENIUS NILINATOISIS/C | C) (if I) |
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| ☐ Walk in | Pick up time | | ☐ Certified Copy |
| ☐ Mail out | ☐ Will wait | ☐ Photocopy | - Certificate of Status |
| NEW FILINGS | _ | AMENDMENT | <u>'S</u> |
| Profit Not for Profit Limited Liability Domestication Other | | | of R.A., Officer/Director Registered Agent Withdrawal |
| THER FILINGS | <u>S</u> . | REGISTRATIO | DN/QUALIFICATION 25 |
| Annual Report Fictitious Nam | | Foreign Limited Part Reinstateme Trademark Other | tnership |
| | | | Examiner's Initials |

ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED PANY

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| ARTICLE I - Name: The name of the Limited Liability Company is: |
| S.J.L.S. AND ASSOCIATES, L.C. |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| 20423 STATE RUAD 7 SUITE 6 ZU9 |
| BOCA RATON, FL 33498 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| TUBERH SEGUN Name |
| Name |
| ZOYZ3 STATE ROAD 7 SULTE 6209 |
| Florida street address (P.O. Box NOT acceptable) ROCA KATON FL 33498 |
| City, State, and 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 608, F.S Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. |
| (An additional article must be added if an effective date is requested) |
| Signature of a member or an authorized representative of a member. |
| (In accordance with section 608.408(3), Florida Statutes, the execution |
| of this document constitutes an affirmation under the penalties of perjury |

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

Typed or printed name of signee

that the facts stated herein are true.)