

ACCOUNT NO. : 072100000032

REFERENCE: 059437 4804992

AUTHORIZATION :

COST LIMIT: \$ 125.00 Patricia

ORDER DATE: February 28, 2001

ORDER TIME : 1:34 PM

ORDER NO. : 059437-005

300003790183--9 CUSTOMER NO: 4804992

CUSTOMER: Ms. Susan Ford

Scoggins & Goodman, P.c.

245 Peachtree Center Ave. N.e.

2800 Marquis One Tower Atlanta, GA 30303

DOMESTIC FILING

NAME:

JEBCO FLORIDA, L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - EXT. 1155

EXAMINER'S INITIALS:

ARTCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jebco Florida, L.C.

ARTICLE II - Address:

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

11130 State Bridge Road, Suite D-201 Alpharetta, Georgia 30022

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name

1819 Main Street, Suite 610

Florida street address (P.O. Box NOT acceptable)

Sarasota, Florida 34236

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 provision 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 that the facts stated herein are true.)

Robert F. Goodman, Jr., Authorized Representative

Typed or printed name of signee

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)