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(Re	equestor:	s Name)		
(Ac	ddress)			
(Ac	ddress)	<u></u>		
(Ci	ty/State/Z	lip/Phone#)	
PICK-UP	□ v	VAIT	MAIL	
(Ві	usiness E	ntity Name)	
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Certified Copies	Ce	ertificates o	f Status	
Special Instructions to	Filing Of	ficer:		
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STORETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Se Division of Co					
SUBJECT:	JRU PROPE				
	(Name of Limite	d Liability C	ompany)		
The enclosed Articles of	f Organization and fee(s) are s	submitted for	filing.		
Please return all corresp	ondence concerning this matte	er to the follo	wing:		
		HUFFMAN			
	(Name of Perso	on)		
	HUFFMAN & CO	OMPANY, C	PA, P.A.		
		Firm/Compan	у)		
	P.O. BO	OX 321330			
	W 40 MW 41 MW 1	(Address)			
	FLOWIOO	D 140 000	00		
		D, MS 392 /State and Zip			
For further information	concerning this matter, please	call:			
	_		022 4000		
****	dUFFMAN of Person)	at (601	933-1986 Codo & Doubles T		
(Name	or reison)	(Ale	a Code & Daytime To		,,,,,,,, 1
Enclosed is a check for	or the following amount:	·		ETAR HASS	TELES TELES
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Conf. (additional copy is enclosed)	
	ET ADDRESS:		MAILING A Registration S		
Registration Section Division of Corporations 409 E. Gaines Street			Division of Co P.O. Box 632	orporations	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	5:
JRU PROPERTIES, LLC	
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
185 VICTORIA PLACE	185 VICTORIA PLACE
MADISON, MS 39110	MADISON, MS 39110
ARTICLE III - Registered Agent, Registered	registered agent are:
TONY HU Nam	
	ANGER DRIVE
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
PENSACOLA ,	FL 32514
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the uppointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608-F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MOLLY UTEG 185 VICTORIA PLACE MADISON, MS 39110
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a mo	ember or an authorized representative of a member.
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury atted herein are true.) ANTHONY L. HUFFMAN
	Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Organization and Designation