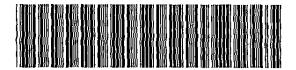
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| (1 | Requesto | r's Name) | |
|--|-------------|--------------|-----------|
| | Address) | | |
| (| Address) | | |
| | City/State | /Zip/Phone | #) |
| PICK-UP | | WAIT | MAIL |
| | Business | Entity Nan | ne) |
| | Documen | t Number) | |
| Certified Copies | (| Certificates | of Status |
| Special Instructions | to Filing (| Officer: | |
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| W. P. Verifyer | DCC | | |



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TRANSMITTAL LETTER

| Division of Corp | | | | | |
|--|--------------------------------|-------------------------------|-------------------------------|--|--|
| SUBJECT: JLD Capital, LLC (Name of Limited Liability Company) | | | | | |
| | • | | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| _ | | | | | |
| Jonathan | Lee DeSaulnier | | | | |
| 40,1011 | | lame of Person) | | | |
| | · · | • | | | |
| | | | | | |
| JLD Capital, LLC | | | | | |
| | I) | Firm/Company) | | | |
| | | | | | |
| | | | | | |
| 9627 Discov | ery Terrace | | | | |
| | | (Address) | | | |
| | | | | | |
| Brade | inton, FL 34212 | | | | |
| (City/State and Zip Code) | | | | | |
| | (019) | | | | |
| | | | | | |
| For further information of | concerning this matter, please | call: | | | |
| | | | | | |
| Jonathan DeSaulnier | | at (941) 714-0989 | | | |
| (Name | of Person) | (Area Code & Daytime T | Telephone Number | | |
| | | | Fe s | | |
| Enclosed is a check fo | r the following amount: | | <i>독</i> 등 . | | |
| ☐ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & | ☐ \$155.00 Filing Fee & | Ø \$160.00 Filing Fig. | | |
| 3125,00 rmng rec | Certificate of Status | Certified Copy | Certificate of Status & | | |
| | ATMITAMOS AT DAMPAD | (additional copy is enclosed) | Certified Copy U | | |
| | | | (additional copy is enclosed) | | |
| | | | 고≧. '' | | |

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 TIC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|--|--|--|
| ILD Capital, LLC | | | | |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 9627 Discovery Terrace | 9627 Discovery Terrace | | | |
| Bradenton, FL 34212 | Bradenton, FL 34212 | | | |
| The name and the Florida street address of the r Jonathan Lee DeSaulnier Name | registered agent are: | | | |
| 9627 Discovery Terrace | | | | |
| | iress (P.O. Box <u>NOT</u> acceptable) | | | |
| Bradenton, FL 34212 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 | | | | |

(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: | | |
| MGRM | Jonathan Lee DeSaulnier | | |
| | 9627 Discovery Terrace | | |
| | Bradenton, FL 34212 | | |
| | | | |

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Jonathan Lee DeSaulnier

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)