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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

JCP LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED**ARTICLE I - Name**The name of the Limited Liability Company is: **JCP LLC**

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ARTICLE II - Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Office Address:****Mailing Address:**1015 Persian Street1015 Persian StreetDeltona, FL 32725Deltona, FL 32725**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Justin OwenName1015 Persian Street(P.O. Box or Mail Drop Box NOT Acceptable)Deltona, FL 32725(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 608, F.S.


Registered Agent's Signature - Justin Owen

FILED

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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAMGRJustin Owen - 1015 Persian Street, Deltona, FL 32725

(Use attachment if necessary)

REQUIRED SIGNATURE:

Justin Owen
Signature of a member or 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.)

Justin Owen

Typed or printed name of signer