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Registration Section

Division of Corporations SUBJECT: JARO & Associates, 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: Anne T. Daniels (Name of Person) Eastman & Smith Ltd. (Firm/Company) One SeaGate, 24th Floor, P.O. Box 10032 (Address) Toledo, OH 43699-0032 (City/State and Zip Code) For further information concerning this matter, please call: at (419) 247-1841 (Area Code & Daytime Telephone Number) Anne T. Daniels (Name of Person) Enclosed is a check for the following amount: ☐ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: JARO & Associates, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 167 Norman Street Same as principal office address Port Charlotte, FL 33954 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Julie A. Odenweller Name 167 Norman Street Florida street address (P.O. Box NOT acceptable) Port Charlotte, FL 33954 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.

(CONTINUED)
Page 1 of 2

	Name and Address:
MGR" = Manager	
MGRM" = Managing Member	•
MGRM	Julie A. Odenweller
	167 Norman Street
	Port Charlotte, FL 33954
Use attachment if necessary) F.V. Effective data if other than	n the date of filing: (OPTIO)
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LE V: Effective date, if other that ective date is listed, the date me lays after the date of filing.) EEOUIRED SIGNATURE: Signature of a m (In accordance we of this document that the facts st	ast be specific and cannot be more than five business of a constitute of a member. Sith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury and herein are true.)