

**L07000061108**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****JG STRICKLAND, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
JG STRICKLAND, LLC

**ARTICLE II ADDRESS**

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

7450 NE 147TH LANE

FT. MCCOY FL, 32134

The mailing address of the Limited Liability Company is:

P.O. BOX 733

FT. MCCOY FL, 32134

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:  
JAMES G. STRICKLAND

7450 NE 147TH LANE

FT. MCCOY FL, 32134

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Having been named as registered agent 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..

X

  
JAMES G. STRICKLAND / Registered Agent's Signature

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JG STRICKLAND, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

JAMES G. STRICKLAND

7450 NE 147TH LANE

FT. MCCOY FL, 32134

x 

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.

JAMES G. STRICKLAND

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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