Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088

Phone : (800)221-0102

: (212)564-6083

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JMOL, LLC

| Certificate of Status | . 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge . | \$155.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | <i>r</i> is: | |
|---|--|------------------------------|
| JMOL, LLC | intelligence of the Company of the C | |
| ARTICLE II - Address: | e principal office of the Limited Liability Co | mpany is: |
| Principal Office Address: | Mailing Address: | e production all all a |
| 4710 Verna Road Myakka City, FL 34251 | 4710 Verna Road Myakka City, FL 34251 | The Color |
| ARTICLE III - Registered Agent, Registe The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) | red Office, & Registered Agent's Signatur egistered Agent. You must designate an individual or anoth | |
| The name and the Florida street address of the | ne registered agent are: | SIQNE SIQNE |
| Glenn Peachey | me | OL O METANN EIL |
| Myakka City, Fl | address (P.O. Box NOT acceptable) | ED CEF STATE AN IO: O3 |
| enty, the | • | |

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..

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Registered Agent's Signature (REQUIRED)

(((H07000202272 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>م</u> ق.ب. | MGR | | | Glenn Peachey 4710 Verna Road Myakka City, FL 34251 | | |
|---------------------------|---------------------------------------|------------|------------|---|------|--|
| | · · · · · · · · · · · · · · · · · · · | | Con Con Mi | | | |
| , Mary | <u> </u> | | | | | |
| ing geegran Tinggering | | hment if n | ecessary) | | | |

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.)

Glenn Peachey

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 Cortificate of Status (Optional)

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