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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SHIVERS DEC 1 7 2014

COVER LETTER

TO:	Registration Section Division of Corporations		·
SUBJE	CCT: <u>Jensen, Scharff, Hart LLC</u> Name of Li	mited Liability Company	
The end	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	eturn envelope enclosed)
	Renald G. Hart Kita	Jensen Name of Person	
	Morgan Stanley	Firm/Company	
	3280 Peachtree Road NE, Suite 1	900 Address	
.co.		City/State and Zip Code -+ 8 > 0 e a mode of for future annual report notifications.	dil.com
For furt	ther information concerning this matter, ple	ease call:	
<u>Rita Je</u>	Name of Person at (404) <u>842-2349</u> Area Code Daytime Te	lephone Number
_	ed is a check for the following amount: 0 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Jensen, Scharff, Hart LLC	Liability Company, "L.L.C.," or "LLC	")
ARTICLE II - Address: The mailing address and street address of the principal of		
Principal Office Address:	Mailing Address:	
78 N Barrett Square #8 Rosemary Beach, FL 32461	P O Box 611327 Rosemary Beach, FL 32461	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent. You must designate	an individual or
The name and the Florida street address of the registered	agent are:	
Ronald C. Hart Name		
78 N Barrett Square #8 Florida street address (P.O. Box	NOT acceptable)	
Rosemary Beach	FL 32461	
City	Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli Chapte	the appointment as registered agent an of all statutes relating to the proper and	nd agree to act in this complete performance
first		No 1
Registered Agent's Signat	ure (REQUIRED)	LL AH ECRE
(CONTINUE	ED)	7ARY ASSE
Page I of 2		EFLOR

"MGR" = Manager AMBR AMBR Lauren Jensen 4740 Boyyicw Drive Pland, Tx 75093 AMBR Donna Scharff 14879 Alger LJarren, mT 4700 Boyyicw Drive Pland, Tx 75093 AMBR Rosemary Beach, FL 34261 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 60/ 0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Report Signature of a member. (In accordance with section 60/ 0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) ROSEMAN SIGNATURE: SIZESON Filing Fee for Articles of Organization and Designation of Registered Agent S. 30.00 Certificate of Status (Optional) S 5.00 Certificate of Status (Optional)	<u>Title:</u>	Name and Address:	
AMBR Lauren Jensen H 740 Boyyicw Drive Pland, Tx 75093	"AMBR" = Authorized Member		
AMBR Donna Schaff 14879 Alger Uarth, MI 4808 Rosemary Beach, FL 34261 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 669 2023 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Ronald C. Hart Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional)			
AMBR Donna Schaff 14879 Alger Warren, mf 48008 AMBR Ronald Hart 78 N Barrett Square #8 Rosemary Beach. FL 34261 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 619 2020 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Ronald C. Hart Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional)	AMBR	Lauren Jensen	
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CLE V: Effective date, if other than the date of filing:		78 N Barrett Square #8	
CLE V: Effective date, if other than the date of filing:		Rosemary Beach, FL 34261	
CLE V: Effective date, if other than the date of filing:			
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ARTICLE IV-