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Effective Date 12/18/14

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SECRETARY OF STATE

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: JB Sparty LLC. Name of Lie	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	William Holtman	Name of Person	
		Firm/Company	
	150 Sunset Bay Drive	Address	
	Palm Beach Gardens Fl 33418	City/State and Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_ bi i	l.holtman@rehmann.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
Williar	n Holtman at (at (at (248) 408 8531 Area Code Daytime Te	tephone Number
Enclose	ed is a check for the following amount:		
□ \$12 5.0	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 Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions

Effective Date 12/18/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the finnied Elasting Company is.		
JB Sparty LLC.		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "l	.LC.")
ARTICLE II - Address:		
The mailing address and street address of the principal of	fice of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
150 Sunset Bay Drive	150 Sunset Bay Drive	
Palm Beach Gardens	Palm Beach Gardens	
FI 33418	.FI.33418	
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Funother business entity with an active Florida registration. The name and the Florida street address of the registered a	Registered Agent. You must design .)	nate an individual or
William Holtman		
Name		
150 Sunset Bay Drive		
Florida street address (P.O. Box	NOT acceptable)	
Palm Beach Gardens	FL 33418	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapte Registered Agent's Signature.	the appointment as registered agent fall statutes relating to the proper of gations of my position as registered are 605, F.S	nt and agree to act in this and complete performance
(CONTINUE	יש:	
Page 1 of 2	,	TALLA TALLA

	77.4.3		** ***	
	Title: "AMBR" = Authorized N	Лember	Name and Address:	
	"MGR" = Manager AMBR		William Holtman	
	AUTOIX		150 Sunset Bay Drive	
			Palm Beach Gardens FI 33418	
	AMBR		Jeffrey Holtman	
			4327 Berry Ridge Lane Frisco Tx 75034	
			MISCO IX 75054	
				
			· · · · · · · · · · · · · · · · · · ·	
	(Use attachment if necess	arv)		
	(Use attachment if necess			
(lf an e	LE V: Effective date, if other	ner than the date of filing	g: <u>December 18, 2014</u> . (OPTIONAL) nd cannot be more than five business days prior to or 90 day	/s after
(If an e the date	LE V: Effective date, if other fective date is listed, the desired of filing.)	ner than the date of filing late must be specific an		/s after
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(If an e	LE V: Effective date, if other fective date is listed, the desof filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a there is no other provisions.)	any. RE: mature of a member of with section 605.0203 ffirmation under the per any false information in degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.	ys after — —

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees:

FILED 14 DEC 15 PM 2: 32 SECRETARY OF STATE