

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
Bawari, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION
OF
BAWARI LLC**

ARTICLE I.

The name of the limited liability company is BAWARI LLC (the "Company").

ARTICLE II.

The Company shall be governed by one or more managers.

ARTICLE III.

The street address of the principal office of the Company is as follows:

6867 Mountainbrook Drive, Suite 104
Columbus, GA 31904

The mailing address of the principal office of the Company is as Follows:

P.O. Box 9292
Columbus, GA 31908-9292

ARTICLE IV.

The name and street address of the Company's registered agent for service of process is as follows:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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 605, F.S..



Registered Agent's Signature (REQUIRED)

ARTICLE V.

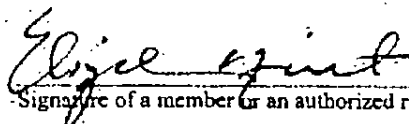
The name and address of each Manager is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Sarah O. Watkins P.O. Box 9292 Columbus, GA 31908-9292
Manager	Brooks T. Watkins P.O. Box 9292 Columbus, GA 31908-9292

ARTICLE VI.

The Company is organized to engage in any lawful activity.

DULY EXECUTED and delivered by the undersigned organizer on August 18, 2017



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

ELIZABETH A. FAIST

Typed or printed name of signee