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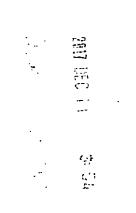
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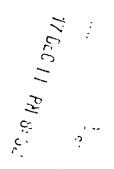
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COVER LETTER

SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANN BLACK Name of Person SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A. Firm/Company 3520 THOMASVILLE ROAD, FOURTH FLOOR Address TALLAHASSEE, FL 32309 City/State and Zip Code sevinwilson@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANN BLACK Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)	
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Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI, 32301 C:	

ARTICLES OF ORGANIZATION OF SOUTHERN LIFE PROPERTY GROUP, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is **SOUTHERN LIFE PROPERTY GROUP, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS OF BUSINESS.

The mailing address of the business in Florida for the Company is 4708 Capital Circle NW, Tallahassee, FL 32303. Such address may be changed from time to time as provided in the Operating Agreement.

5. ADDRESS OF PLACE OF BUSINESS.

The address of the place of business is 4708 Capital Circle NW, Tallahassee, FL 32303. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: <u>JAMES C. THOMPSON</u>; the initial, registered office is located at 3520 Thomasville Road, 4th Floor, Tallahassee, FL 32309.

7. MANAGEMENT.

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

Sevin Wilson 4775 High Grove Road Tallahassee, FL 32309

Justin Ghazvini 4708 Capital Cir NW Tallahassee, FL 32303

EXECUTED at Tallahassee, Leon County, Florida this <u>I</u> day of December, 2017.

SEVIN WILSON

Devin Wilson

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is **SOUTHERN LIFE PROPERTY GROUP, LLC.**
- 2. The name of the registered agent and office is: <u>JAMES C. THOMPSON</u> at 3520 Thomasville Road, 4th Floor, Tallahassee, FL 32309.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

JAMES C. THOMPSON, Registered Agent