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FLORIDA LIMITED LIABILITY CO. GRANTASAMA HOLDINGS, LLC

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ARTICLES OF ORGANIZATION OF GRANTASAMA HOLDINGS, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is GRANTASAMA HOLDINGS, LLC.

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

11502 Trotting Down Drive Odessa, Florida 33556

ARTICLE IV - Management

The name, title and address of each person authorized to manage and control the Limited Liability Company are:

Title	Name and Address	TAECO TO
MGR	Dr. Greg Masters 11502 Trotting Down Dr. Odessa, FL 33556	CT 25 #
MGR	Annette C. Masters 11502 Trotting Down Dr. Odessa, FL 33556	9. 16

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 25th day of October 2018.

Signature of an authorized representative of a member

(In accordance with section 605.0203(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 section 817.155, Florida Statutes)

Greg Masters

Typed or printed name of signee

H18000309602 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is GRANTASAMA HOLDINGS, LLC.
- 2. The name and the Florida street address of the registered agent are:

Jaime Austrich
Shumaker, Loop & Kendrick, LLP
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.

Signature