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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
SJKD Holdings LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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18 NOV -1 AM 4:48
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Articles of Organization for
SJDK Holdings LLC,
a Florida limited liability company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Revised Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I

Name

The name of this company shall be SJDK Holdings LLC.

ARTICLE II

Duration

The term of existence of the company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III

Mailing Address

The mailing address of the principal office of this company is 2235 Crump Road, Winter Haven, Florida 33884. The street address of the principal office of this company is 2235 Crump Road, Winter Haven, Florida 33884.

ARTICLE IV

Registered Agent and Office

The name and street address of this company's initial registered agent for service of process in this state are as follows: Keri D. Martin, 2235 Crump Road, Winter Haven, Florida 33884.

ARTICLE V

Management

The company is to be a member managed company.

ARTICLE VI

Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the company shall be vested in the members.

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Article VII

Name and Address of Persons Authorized to Manage and Control the Company

The name and address of each person authorized to manage and control the Company are as follows:

Title:
Manager

Name and Address:
Keri D. Martin
2235 Crump Road
Winter Haven, Florida 33884

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 31st day of October, 2018.

Keri D. Martin
Keri D. Martin

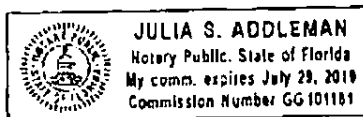
STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for SJDK Holdings LLC and to accept service of process for the company, 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 in Chapter 605, Florida Statutes.

Keri D. Martin
Keri D. Martin

STATE OF FLORIDA
COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me this 31st day of October, 2018, by Keri D. Martin.



Julia S. Addleman
Signature of Notary Public

Julia S. Addleman
Printed, typed, or stamped commissioned
Name of Notary Public

Personally known ☒ or produced identification ____
Type of identification produced: _____

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