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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000 0000195 REFERENCE : 68808 5156901 AUTHORIZATION : COST LIMIT : ORDER DATE: March 18, 2019 ORDER TIME : 2:04 PM ORDER NO. : 688086-005 CUSTOMER NO: 5156901 DOMESTIC FILING NAME: G5 JONES LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP XX ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIM	TED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	·
G\$ JONES LLC	,
(Must contain the words "Limited Liability Comp	20 0 1 C 7 c 11 C 20
transcontain the words. Elimited Endring Comp.	in, c.t.c., in cac,)
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Lin	iled Liability Company is:
] ' ' '
Principal Office Address:	Mailing Address:
10807 Whitehawk Street	100 OT Inhabata de Flance
	10807 Whitehawk Street
L (C) (10) (10) (10) (10) (10) (10) (10) (10	lantation, Florida 33324
ARTICLE III - Registered Agent, Registered Office, & Registered of (The Limited Liability Company cannot serve as its own Registered Age another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	kgant's Signature:
ARTICLE III - Registered Agent, Registered Office, & Registered Agenthe Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company	kgant's Signature:
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ARTICLE III - Registered Agent, Registered Office, & Registered Age another business entiry with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NO	Lent's Sign≉ture: end You must designate un individual or T acceptable)
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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 complage performance of my duties, and I am familiar with and accept the obligations of my position as registered agent approvided for in Chapter 605, F.S.

Corporation Service Company

Rv

legistered Agem's Signature (REQUIRED)

(CONTINUED)

lanet Budhu, Asst. Vice President

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SECKE JARY OF STATE
TALLAHASSEE, FLORIDA

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and A	ddress:		
AMBR	RESHAD JON	ES		
	10807 Whiteha	wk Street		
	Plantation Plot	lda 33324		
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