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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
JONES VOLLEYBALL CAMPS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

JONES VOLLEYBALL CAMPS LLC

ARTICLE II ADDRESS

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

2451 TRAILWOOD DRIVE

CANTONMENT, FLORIDA 32533

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

AMANDA JONES

2451 TRAILWOOD DRIVE

CANTONMENT, FLORIDA 32533

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.

X /s/ Amanda Jones

AMANDA JONES / Registered Agent's signature

TALLAHASSEE, FLORIDA

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#19000218253.3

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

AMANDA JONES

2451 TRAILWOOD DRIVE

CANTONMENT, FLORIDA 32533

.....

X /s/ Amanda Jones

AMANDA JONES / Authorized Representative's signature

(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 s.817.155, F.S.)

JUL 19 2019
TALLAHASSEE, FLORIDA

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JUL 19 2019

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