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(Business Entity Name)

(Document Number)

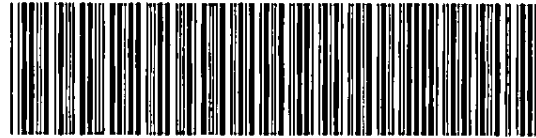
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19 OCT -8 PM 3:03

BALCH
& BINGHAM LLP

1) OCT -6 PM 3:00

M. LEE JOHNSEY, JR.
t: (205) 226-8741
f: (205) 488-5766
e: ljohnsey@balch.com

October 4, 2019

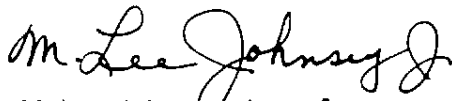
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: EJFL Properties, LLC Articles of Organization

Dear Sir/Madam

Enclosed are Articles of Organization and our check in payment of the filing fees. Please feel free to contact me should you have any questions.

Sincerely,


M. Lee Johnsey, Jr. *pe*

MLJ:pl

Enclosures

19 OCT -8 PM 3: 08

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EJFL PROPERTIES, LLC
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:

M. Lee Johnsey, Jr.

Name of Person

Balch & Bingham

Firm/Company

1901 Sixth Avenue North Suite 1500

Address

Birmingham, AL 35203

City/State and Zip Code

scott@jbritz.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Lee Johnsey, Jr.

205

226-8741

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

19 OCT -8 PM 3:03

ARTICLE I - Name:

The name of the Limited Liability Company is:

EJFL PROPERTIES, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

814 N 1st St #101
Jacksonville Beach, FL 32250

Mailing Address:

P.O. Box 50338
Jacksonville Bch, FL 32240

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Scott Gay

Name

814 N 1st St #101

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville Beach Florida 32250
City State Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

13 OCT -8 PM 3:08

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

Name and Address:

Scott Gay

P.O. Box 50338

Jacksonville Beach, FL 32240

AMBR

Joseph P. Eckstein

P.O. Box 50338

Jacksonville Beach, FL 32240

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

SCOTT GAY

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)