Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : HAILE, SHAW & PFAFFENBERGER, P.A. Account Number : 076326003550 : (561)627-8100 Phone Fax Number : (561)622-7603 \mathcal{Z} *Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. ** david@thelakehouse.net FLORIDA LIMITED LIABILITY CO. JULES LIESL, LLC Certificate of Status 0 Certified Copy 0 Page Count 02 1: 0 3:3 Estimated Charge \$125.00 B20 00 200

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ARTICLES OF ORGANIZATION OF

JULES LIESL, LLC

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the limited liability company is Jules Liesl, LLC (the "Company").

ARTICLE II - ADDRESS

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

4411 45th Street, Suite # 201 West Palm Beach, FL 33407

ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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.

Haile Shaw & Pfaffenberger, P.A.

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ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized manager of the Company is:

Title	Name and Address			
Manager Dated: December 20, 2019	David Saunders 4411 45 th Street, Suite #201 West Palm Beach, FL 33407	GECKEINE	2019 DEC 2	
	REQUIRED SIGNATURE		0 FH 3: 31	ED

Philip M. DiComo Authorized Representative

(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.)