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12/23/2020

Division of Corporations

→ 18506176381

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JRIVERA@CONSERVARICAN.COM

FLORIDA LIMITED LIABILITY CO. JMI STRATEGIES LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMI STRATEGIES LLC

(Must end with 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:

Mailing Address:

3000 GULF TO BAY BLVD SUITE 303, ATTN: KOK LEUNG CLEARWATER, FL 33759 3000 GULF TO BAY BLVD SUITE 303, ATTN: KOK LEUNG CLEARWATER, FL 33759

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 oranother business entity with an active Florida registration.)

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

JULIO RIVERA

Name

3000 GULF TO BAY BLVD, SUITE 303, ATTN: KOK LEUNG

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

CLEARWATER

. 33750

City

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)

JULIO RIVERA

(CONTINUED)

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| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager AMBR | JULIO RIVERA |
| | 3000 GULF TO BAY BLVD, SUITE 303, ATTN: KOK LEUNG |
| | CLEARWATER, FL 33759 |
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| (Use attachment if necessary) | |
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| E V: Effective date, if other than the directive date is listed, the date must be of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatury of a (In accordance with section constitutes an albumation I am aware that any false) | member or an authorized representative of a member. |
| E V: Effective date, if other than the directive date is listed, the date must be of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatury of a (In accordance with section constitutes an albumation I am aware that any false) | member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, e information submitted in a document to the Department of State |

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