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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 783999 7193709 AUTHORIZATION: Synellike man COST LIMIT : \$\frac{1}{25}\div 00 ORDER DATE : April 27, 2021 ORDER TIME : 10:45 AM ORDER NO. : 783999-005 CUSTOMER NO: 7193709 DOMESTIC FILING NAME: JAISIN, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

COVER LETTER

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| SUBJEC | JAISIN, L | LC | | | |
| SOBJEX | | Name of I | Limited Liabil | ity Company | |
| The encl | losed Articles of | Organization and fee(s) | are submitted | for filing. | |
| Please re | eturn all correspo | ondence concerning this | matter to the f | ollowing: | |
| | Nicole Jeong | 2 | | | |
| | | | Name of | Person | |
| | c/o Greenber | rg Traurig, LLP | | | |
| | | | Firm/Co | mpany | |
| | 2375 East C | amelback Rd., Suite 700 | • | | |
| | | | Addr | ess | |
| | Phoenix, AZ | . 85016 | | | |
| | Jeongn@gtlav | v.com | City/State an | d Zip Code | |
| | | E-mail address: (to be us | ed for future a | nnual report notificat | ion) |
| For furthe | r information co | ncerning this matter, ple | ase call: | | |
| | Bruce Rosett | o, Esqat (| 561 | 650.7940 | |
| | Nam | e of Person | Area Code | Daytime Telephon | |
| Enclosed | l is a check for the | he following amount: | | | |
| □\$125. | 00 Filing Fee | □\$130.00 Filing Fee Certificate of Status | Certifi | 5.00 Filing Fee & ed Copy al copy is enclosed) | ☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | g Address iling Section | | Street Address New Filing Section Di | ivision |
| | Divisio | on of Corporations ox 6327 | | The Centre of Tallaha 2415 N. Monroe Stre | issee |

Tallahassee, FL 32314

Tallahassee, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| 2021 APR 28 | AM 11: 45 |
|-------------|-----------|
| PATE HAS | SEE, FL |

| JAISIN, LLC | | | |
|---|--|---|--------------------|
| (Must co | ontain the words "Limited Liab | oility Company, "L.L.C.," or "LLC | .") |
| CLE II - Address: ailing address and stree | t address of the principal offic | e of the Limited Liability Company | vis: |
| Princ | ripal Office Address: | <u>Mailing</u> | Address: |
| 130 S. Indian Rive | er Dr., Suite 202 | 130 S. Indian River Dr. | ., Suite 202 |
| 150 S. Maian Kirk | , - | | |
| Fort Pierce, FL 34 CLE III - Registered A imited Liability Compar business entity with a | Agent, Registered Office, & Form Registered active Florida registration.) et address of the registered age | | : an individual or |
| Fort Pierce, FL 34 CLE III - Registered A mited Liability Compa business entity with a | 950 Agent, Registered Office, & Fany cannot serve as its own Regin active Florida registration.) et address of the registered age | Registered Agent's Signature: gistered Agent. You must designate ent are: | : an individual or |
| Fort Pierce, FL 34 CLE III - Registered A imited Liability Compar business entity with a | 950 Agent, Registered Office, & Fany cannot serve as its own Regin active Florida registration.) et address of the registered age | Registered Agent's Signature: gistered Agent. You must designate ent are: Company | e an individual or |
| Fort Pierce, FL 34 CLE III - Registered A imited Liability Compar business entity with a | Agent, Registered Office, & Forgon Registered Office, & Forgon Registration.) et address of the registered age Corporation Service Control Registered Re | Registered Agent's Signature: gistered Agent. You must designate ent are: Company | e an individual or |
| Fort Pierce, FL 34 CLE III - Registered A imited Liability Compar business entity with a | Agent, Registered Office, & Forgon Registered Office, & Forgon Registration.) et address of the registered age Corporation Service Control Registered Re | Registered Agent's Signature: gistered Agent. You must designate ent are: Company ame | : an individual or |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

| <u>Title:</u> | | Name and Address: | |
|---|---|--|-----------|
| | uthorized Member | | |
| " MGR " = Ma | nager | | (A) (2) |
| MGR | _ | Jason Bishara | _5 3 |
| | | 130 S. Indian River Dr.: Suite 202 Fort Pierce, FL 34950 | |
| | | TOTALICICE, I E 54950 | |
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| If an effective date is the date of filing.) Note: If the date inser the document's effective RTICLE VI: Other process. | isted, the date must be specifited in this block does not meet be date on the Department of S | iling: | • |
| RECUIRED | | | |
| | /s/ Jason Bishara | | _ |
| | This document is executed it I am aware that any false infi | er or an authorized representative of a member. n accordance with section 605.0203 (1) (b). Florida Statutes ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. | |
| | Jason Bishara | a | |
| | T | yped 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)