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FLORIDA LIMITED LIABILITY CO.

Boda Investments, LLC

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JUN _ 9 2021

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: Boda Investments, 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: Mailing Address: 1090 Jupiter Park Drive, Suite 101 1090 Jupiter Park Drive, Suite 101 Jupiter, FL 33458 Jupiter, FL 33458 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:

Alys N. Daniels, Esq.

701 U.S. Highway One, Suite 402
Florida street address (P.O. Box NOT acceptable)

North Palm Beach FL 33408

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 passition as registered agent as provided for in Chapter 605, F.S..

Alya N. Daniels
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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A D'TICLE R		
ARTICLE IV- The name and address of each person	a authorized to manage and control the Limited Liability Company:	
<u>Title:</u> "AMBR" < Authorized Member "MGR" ¬ Manager	Name and Address:	
MGR	Robert D. Camerlinck 1090 Jupiter Park Drive, Suite 101 Jupiter, FL 33458	3021 JIG
MGR	Chester Daniel Miller 1090 Jupiter Park Drive, Suite 101 Jupiter, FL 33458	1-8 AH 9:0:
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(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.		
		
REQUIRED SIGNATURE:	Robert D. Camerlinck	
This document is ex	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State cree felony as provided for in s.817.155, F.S.	
Robert D. Ca	merlinck Typed or printed name of signee	
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Options \$ 5.00 Certificate of Status (Op	lk ⁻	