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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : COST LIMIT : ORDER DATE : July 30, 2021 ORDER TIME : 11:09 AM ORDER NO. : 936612-005 CUSTOMER NO: 4305390 DOMESTIC FILING JFC FAMILY HOLDINGS, LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
JFC FAMILY HOLD		Ti-City C	W. I.C. Page W. I.C. Ph	
(Must conat	in the words Limited	Liability Compai	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad-	dress of the principal	office of the Limi	ted Liability Company is:	
Principa	l Office Address:		Mailing Address:	
1111A Russell Drive		1	111A Russell Drive	
Highland Beach, FL 3	3487	<u>H</u>	lighland Beach, FL 33487	
another business entity with an ac	cannot serve as its own ctive Florida registration	n Registered Ager on.)	gent's Signature: nt. You must designate an individual c	2 1 21 JUL 30
The name and the Florida street a	ddress of the registere	d agent are:		~-: rr
	Corporation Sevice			A C
		Name		2
	1201 Hays Street			
	Florida street addres	ss (P.O. Box <u>NO</u>]	[acceptable)	
	Tallahassee	FL	32301	
	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..

By Assistant Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>MGR</u>	Joseph Carretta 1111A Russell Drive Highland Beach, FL 33487
	ت. مع ن تع ن
	<u> </u>
	<u> </u>
(Use attachment if necessary)	÷
ADTICLOUS FORMAN SAN GRADUATER AND SAN	e of filing: (OPTIONAL)
(If an effective date is listed, the date must be sp the date of filing.) Note: If the date inserted in this block does not a	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
(If an effective date is listed, the date must be sp the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
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(If an effective date is listed, the date must be specified at e of filing.) Note: If the date inserted in this block does not at the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical processing of the company of the compan	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)