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#### ARTICLES OF ORGANIZATION FOR OCC ROOFING, LLC

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

#### ARTICLE I -- NAME:

The name of the Limited Liability Company shall be: OCC Roofing, LLC (the "Company").

#### ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

8018 Sunport Dr. Ste 211 Orlando, FL 32833

#### ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

The address of the initial registered office of the Company in the State of Florida is 7320 E. Fletcher Avenue, Tampa, Florida 33637, and the name of the registered agent at such address is Dickens Wealth Management, LLC.

#### ARTICLE IV - MANAGEMENT:

The Company shall be managed by one or more Managers. The names and addresses of the initial Managers are:

James S Cipri 20345 Peabody Street Orlando, FL 32833

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 17 day of September 2021. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

James S Cipri, Organizer

# CERTIFICATE OF DESIGNATION

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned.

Liability Company, organized under the laws of the State of Florida, submits the following CR statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

Control CR STATE CR STATE

Dickens Wealth Management, LLC 7320 E. Fletcher Avenue Tampa, Florida 33637

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.

DICKENS WEALTH MANAGEMENT, LLC

Print Name: (