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To:

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Fax Number : (850)617-6381

From:

Account Name : THERREL BAISDEN, LLP  
Account Number : I20140000065  
Phone : (305)371-5758  
Fax Number : (305)371-3178

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

Email Address: David.appel@marcumllp.com

FLORIDA LIMITED LIABILITY CO.  
JJJOA INSURANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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*[Handwritten signature]*

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**ARTICLES OF ORGANIZATION  
FOR  
JJJOA INSURANCE, LLC**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is **JJJOA INSURANCE, LLC**

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is: One SE Third Avenue, Suite 1100, Miami, FL 33131.

**ARTICLE III**

**Duration**

This limited liability company shall have a perpetual existence.

**ARTICLE IV**

**Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, LLP, SunTrust International Center, 1 SE 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company that address is Mark M. Hasner, Esq.

**ARTICLE V**

**Manager-Managed Company**

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

**ARTICLE VI**

**Managers**

The name and address of the Managers are as follows:

Starla Turnbo  
9801 Fondren Rd.  
Houston, TX 77096

David Appel  
One SE Third Avenue  
Suite 1100  
Miami, FL 33131

The undersigned authorized representative of the members of JJJOA INSURANCE, LLC hereby executes these articles of organization on this 17<sup>th</sup> day of September, 2021.

  
\_\_\_\_\_  
Mark M. Hasner, authorized representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605 FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **JJJOA INSURANCE, LLC.**
2. The name and the Florida street address of the registered agent and office are:

Mark M. Hasner, Esquire  
Therrel Baisden, LLP  
SunTrust International Center  
1 SE 3<sup>rd</sup> Avenue, Suite 2950  
Miami, Florida 33131

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.



Mark M. Hasner

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