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To:

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Account Number : 076077002775  
Phone : (407)760-4670  
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Email Address: Jake@schrimsherproperties.com

## FLORIDA LIMITED LIABILITY CO.

## JPK Partners, LLC

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

JPK Partners, LLC

**ARTICLE II**  
**Address**

The initial mailing address and street address of the principal office of this Limited Liability Company is:

600 East Colonial Drive, Suite 100  
Orlando, Florida 32803

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have three (3) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Names</u>	<u>Street Address</u>
Jacob M. Schrimsher	600 East Colonial Drive Suite 100 Orlando, Florida 32803

Preston M. Hage                      600 East Colonial Drive  
Suite 100  
Orlando, Florida 32803

Kacey Caruthers                      600 East Colonial Drive  
Suite 100  
Orlando, Florida 32803

#### ARTICLE V

#### Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the initial Registered Agent of this Limited Liability Company is:

Jacob M. Schrimsher  
600 East Colonial Drive, Suite 100  
Orlando, Florida 32803

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company 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.*

  
\_\_\_\_\_  
JACOB M. SCHRIMSHER, Registered Agent

  
\_\_\_\_\_  
JACOB M. SCHRIMSHER, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s. 817.155, F.S.)