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FLORIDA LIMITED LIABILITY CO. SNACKS FOR JAX, LLC

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H22000105839

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SNA | CKS FOR | JAX, LLC | · • | | | |
|---|------------------------------------|-----------------|-----------------|--------------------------------|--|------------|
| (Must end with the | words "Limite | ed Liability Co | ompany, "L.L.C | .," or "LLC.") | | |
| ARTICLE II - Address: | | | | | | |
| The mailing address and street address of | f the principal | office of the I | imited Liabilit | y Company is: | | |
| Principal Office Address: | <u>Mai</u> | iling Address: | <u>:</u> | | | |
| 3905 BURNING LEAF CT | | 3905 B | BURNING L | EAF CT | | |
| JACKSONVILLE, FL 32246 | | JACKS | SONVILLE, | FL 32246 | ~ | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot s | | | | | SEC | |
| ARTICLE III - Registered Agent, Reg | istered Office | e, & Registere | d Agent's Sign | nature: 🚊 | 滚 🛣 | _ |
| (The Limited Liability Company cannot s another business entity with an active Flo | serve as its ow orida registrat | ion.) | Agent. You mu: | st designate an In U | Complete Control Contr | ֭֡֞֞֝֟֝֟֝֟ |
| The name and the Florida street address of | of the register | ed agent are: | | | | ſ |
| ELIZABETH | McKAY | | | ; | I:31 | • |
| | Nan | ne | | | 3 | |
| 3905 BURNI | NG LEAF | СТ | | | | |
| Florida street ad | ldress (P.O. B | ox NOT accer | otable) | | | |
| JACKSONVI | LLE | FL | 32246 | | | |
| | | | | | | |

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

Registered Agent's Signature (REQUIRED)

ELIZABETH McKAY

(CONTINUED)

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| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager MGR | ELIZABETH McKAY |
| | 3905 BURNING LEAF CT JACKSONVILLE, FL 32246 |
| | |
| | |
| | |
| | |
| | = |
| | |
| (Use attachment if necessary) | TALLAHASSI |
| LE V: Effective date, if other than the date of | [1] |
| ffective date is listed, the date must be spece of filing.) | of filing: (OPTIONAL) |
| LE VI: Other provisions, if any. | 400 A |
| | |
| | KMK/ |
| Signature of a men | nber or an authorized representative of a member. 05.0203 (1) (b), Florica Statutes, the execution of this document |

ELIZABETH McKAY
Typed or printed name of signee