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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 : (941)625-1925 : (941)625-1526 Fax Number

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

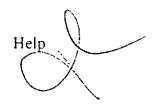
baldwin.jill@ymail.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Jill A Baldwin LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	JILL A BAI	DWIN LLC	
(Must contai	n the words "Limited Liabili	ty Company, "L.L.(C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	fress of the principal office o	f the Limited Liabil	lity Company is:
Principa	l Office Address:		Mailing Address:
1470 YOUNG	MAN ST	1470	YOUNGMAN ST
PORT CHARI	OTTE, FL 33953	POR	T CHARLOTTE, FL 33953
nother business entity with an ac	tive Florida registration.)	are:	nust designate an individual or
mother business entity with an ac	tive Florida registration.)	·	inst designate an individual of
another business entity with an ac	tive Florida registration.) Iddress of the registered agent JILL	are: . A. BALDWIN Name	This designate an individual of
another business entity with an ac	tive Florida registration.) Iddress of the registered agent JILL	are: . A. BALDWIN Name UNGMAN ST	ALLAH SECRE
another business entity with an ac	tive Florida registration.) iddress of the registered agent JILI 1470 YO	are: . A. BALDWIN Name UNGMAN ST	ALLAH SECRE
another business entity with an ac	tive Florida registration.) iddress of the registered agent JILL 1470 YO Florida street address	are: A. BALDWIN Name UNGMAN ST (P.O. Box NOT ac	Coccuable)
another business entity with an ac The name and the Florida street ad faving been named as registered ag place designated in this certificate, I	tive Florida registration.) idress of the registered agent ILLI 1470 YO Florida street address PORT CHARLOTTE City tent and to accept service of potential accept the appointment visions of all statutes relating	are: A. BALDWIN Name UNGMAN ST (P.O. Box NOT ac FLORIDA State Process for the above int as registered age to the proper and c	cceptable) 33953 Zip e stated limited liability company arm and agree to act in this capacity: complete performance of my duties, a

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	JILL A. BALDWIN 1470 YOUNGMAN ST
	PORT CHARLOTTE, FL 33953
	
(Use attachment if necessary)	2022
ARTICLE V: Effective date, if other than the date of filing. (If an effective date is listed, the date must be specific an	d cannot be more than five business days prior to or 90 day
after the date of filing.) Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's	oplicable statutory filing requirements, this date will not be list records.
ARTICLE VI: Other provisions, if any,	1 9: 0
REAL ESTATE BROKER OR SALES	
REQUIRED SIGNATURE:	a Baldwin
This document is executed in acc	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of lony as provided for in s.817.155, F.S.

Filing Fees:

JILL A. BALDWIN Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)