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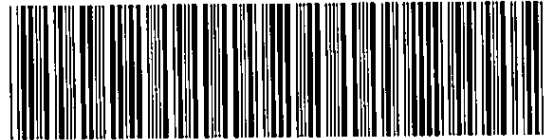
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DATE: 10/27/22

NAME: 11655 PH, LLC


TYPE OF FILING: ARTICLES

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ARTICLES OF ORGANIZATION
OF
11655 PH, LLC

ARTICLE I - NAME

The name of the limited liability company is **11655 PH, LLC**, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
219 N. Newnan Street
Jacksonville, Florida 32202

Mailing Address:
219 N. Newnan Street
Jacksonville, Florida 32202

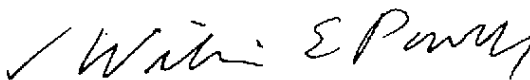
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ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

William E. Powell
219 N. Newnan Street
Jacksonville, Florida 32202

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.



William E. Powell

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited

Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Name and Address:

William E. Powell
219 N. Newnan Street
Jacksonville, Florida 32202

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REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

William E. Powell

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY **11655 PH, LLC**, SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is **11655 PH, LLC**.
2. The name and the Florida street address of the registered agent and office are:
William E. Powell
219 N. Newnan Street, Jacksonville, Florida 32202 (Post office box is NOT
acceptable.)

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, Florida Statutes.



William E. Powell
Registered Agent

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