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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	······································
(Cı	ty/State/Zip/Phone #	<i>;</i>)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
ertified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
	Office Use Only	,



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Double 15 West 15 Med 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JGS1 LLC			
(Must co	ntain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
E II - Address:			
ing address and street	address of the principal office	of the Limited Liability Company is:	
Principal Office Address: 4600 Touchton Road E. Suite 1150		Mailing Address: PO Box 924	
ited Liability Compar		egistered Agent's Signature: stered Agent. You must designate an ind	ivid
ited Liability Compar pusiness entity with ar		stered Agent. You must designate an indi	ivid
ited Liability Compar pusiness entity with ar	ny cannot serve as its own Regin active Florida registration.) at address of the registered agent agent James Stallworth	stered Agent. You must designate an indi	ivid
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ited Liability Compar pusiness entity with ar	ny cannot serve as its own Regin active Florida registration.) et address of the registered ager James Stallworth Nar	nt are: No E Suite 1/30	livid
ited Liability Compar pusiness entity with ar	ny cannot serve as its own Regin active Florida registration.) It address of the registered agent address Stallworth National Touchton	nt are: No E Suite 1/30	livid

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
With - Manager	
•	
MGR	Equity Trust Company Custodian FBO James Stallworth
	Roth IRA 1 EQUITY WAY WESTLAKE, OH 44145
	WESTLANE, OR 44.145
MGR	Equity Trust Company Custodian FBO Rhonda Stallworth
	Roth IRA 1 EQUITY WAY
MGR	Fourth Tout Common Costs Las FDO A
MGK	Equity Trust Company Custodian FBO American Equity Group Solo 401(k) Plan. James Stallworth TTEE FBO James
	1 EQUITY WAY
	WESTLAKE, OH 44145
MGR	Ronnie Nesbitt
	426 Summer Terrace Lane Atlanta Ga 30342
Use attachment if necessary)	
V: Effective date, if other than t	he date of filing: (OPTIONAL)
tive date is listed, the date mus	t be specific and cannot be more than five business days prior to or 90 (
filing.)	
	es not meet the applicable statutory filing requirements, this date will not
ent's effective date on the Depar	rtment of State's records.
•	rtment of State's records.
VI: Other provisions, if any.	rtment of State's records.
EVI: Other provisions, if any. REQUIRED SIGNATURE:	rtment of State's records.
VI: Other provisions, if any.	rtment of State's records.
VI: Other provisions, if any.	
EQUIRED SIGNATURE: Signature of This document is	Is member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes.
EQUIRED SIGNATURE: Signature of This document is I am aware that ar	executed in accordance with section 605.0203 (1) (b), Florida Statutes. The property of the p
EQUIRED SIGNATURE: Signature of This document is I am aware that ar	of a member or an authorized representative of a member.
EQUIRED SIGNATURE: Signature of This document is I am aware that ar	executed in accordance with section 605.0203 (1) (b), Florida Statutes. The provided for in s.817.155, F.S. Neworth
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MGR

American Equity Group LLC 4600 Touchton Road East Suite

1150 Jacksonville, Florida 32246

ECRETARY OF STATE

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