

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : 120170000097

Phone : (727)279-5037 Fax Number : (727)888-1294

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

Support@flpatellaw.com Email Address:_

> FLORIDA LIMITED LIABILITY CO. SRBJC, LLC

باستام الإراكان المنصب بالكراكي الباشار والمتارك المتارك والمتارك والمتارك والمتارك والمتارك والمتارك والمتارك	
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ARTICLES OF ORGANIZATION

FOR

SRBJC, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE L. Name

The name of the Limited Liability Company is: SRBJC, LLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

6421 N. Florida Avenue Suite D-1881 Tampa, Florida 33604

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 St. Petersburg, FL 33701

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 appaintment 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.

Vishva S Nandu (sign)
FLP RA Services LLC

. . . .

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address	
AMBR = Authorized Member MGR = Manager		
MGR	Sharice Barnes 6421 N. Florida Avenue Suite D-1881 Tampa, Florida 33604	

ARTICLE V.

The Effective date shall be the date of filing.



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.

Sharice Barnes	<u>; -</u>	7
Authorized Representative/Member		י בט
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