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Division of Componetions

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From:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : I20198000128 Phone

: (650)769-3434 : (251) 544-1643 Fax Number

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

Enall Address: jcampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO. CLEARWATER LAND & MINERALS, LLC

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ARTICLES OF ORGANIZATION OF CLEARWATER LAND & MINERALS, LLC

ARTICLE I - NAME

The name of the limited liability company CLEARWATER LAND & MINERALS, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 416 TRAVIS STREET, SUITE 715 SHREVEPORT, LOUISIANA 71101 Mailing Address: 416 TRAVIS STREET, SUITE 715 SHREVEPORT, LOUISIANA 71101

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

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

HAND ARENDALL HARRISON SALE, LLC 35008 EMERALD COAST PKWY, STE 500 DESTIN, FL 32541

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.

Dien J. Many

HAND ARENDALL HARRISON SALE, LLC

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

CLEARWATER LAND & MINERALS, LLC, a Louisiana Limited Liability Company 416 TRAVIS STREET, SUITE 715 SHREVEPORT, LA 71101

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 4/20/2023

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 follows as provided for in s.817.155, F.S.

E. R. CAMPBELL, III

Typed or printed name of signed