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**Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
T. WRIGHT LLC**

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

T. WRIGHT LLC

ARTICLE II - Address:

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

3710 Suntrust Drive
Ft Myers Fl 33916

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Jared Hansen
13150 Bella Casa Cir #3198
Fort Myers, FL 33966

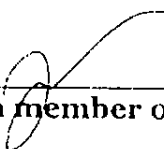
ARTICLE IV-

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

Manager
Tamara Wright

This Limited Liability Company is Manager-Managed, and the authority of the Manager to bind this Limited Liability Company is limited as provided in its Operating Agreement.
The Limited Liability Company appoints Tamara Wright as Manager

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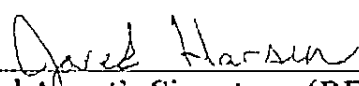
Required Signatures:
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.


Typed or printed name of signee

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)**FILED****2023 APR 26 PM 1:35****SECRETARY OF STATE
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