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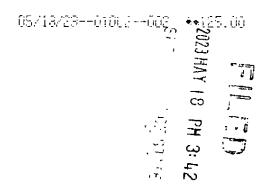
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Office Use Only



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S. CHITTON.





COVER LETTER

ADRIAN MIDDLETON, ESQ at () 815 0256 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Eschedic Status Certified Copy Certificate of Status (additional copy is enclosed) ABRIAN MIDDLETON, ESQ at () 815 0256 Daytime Telephone Number S160.00 Filing Fee & Certificate of Status (additional copy is enclosed)	New Fili Division	ing Section of Corporations			
Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ADRIAN MIDDLETON, ESQ Name of Person SWORD & SHIELD LLC Firm/Company 1437 MARKET ST Address TALLAHASSEE FL 32312 City/State and Zip Code BIZ@SWORDANDSHIELD.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIAN MIDDLETON, ESQ at (Suni				
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Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303		New Filing Section Division of Corporations P.O. Box 6327		New Filing Section Di The Centre of Tallaha 1415 N. Monroe Stree	ssec et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sunking Partners I	LC Intain the words "Limited L	inhility Compone	"LC "or"LC"	_
(Must co	miain the words Limited L	іаонцу Сопфану,	L.L.C., Of LLC.	
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Addı	ess:
1095 Military Trai	1 # 1201	<- S	AME	
Jupiter, FL 33468				
 -				
ARTICLE III - Registered A (The Limited Liability Compa				dividual or
another business entity with a			•	(0
The name and the Florida stre	et address of the registered	agent are:		7023
The name and the Florida stre	-	_		2023 HAY
The name and the Florida stre	et address of the registered SWORD & SHIELD	_		2023 HAY 18
The name and the Florida stre	-	LLC		2023 HAY 18 F
The name and the Florida stre	SWORD & SHIELD	LLC Name	eceptable)	2023 MAY 18 PH
The name and the Florida stre	SWORD & SHIELD 1437 MARKET ST	LLC Name	eceptable)	2023 HAY 18 PH 3: 4
The name and the Florida stre	SWORD & SHIELD 1437 MARKET ST Florida street address	Name (P.O. Box NOT ac		2023 MAY 18 PH 3: 42
	SWORD & SHIELD 1437 MARKET ST Florida street address TALLAHASSEE City	LLC Name (P.O. Box <u>NOT</u> ac FL State	32312 Zip	N N
Having been named as registere place designated in this certifica	SWORD & SHIELD 1437 MARKET ST Florida street address TALLAHASSEE City and agent and to accept service tie, I hereby accept the appo	P.O. Box NOT as FL State se of process for the intment as registers	32312 Zip above stated limited liabed agent and agree to act	ility company at the in this capacity. I
Having been named as registere place designated in this certifica further agree to comply with the	SWORD & SHIELD 1437 MARKET ST Florida street address TALLAHASSEE City and agent and to accept service tie, I hereby accept the apportance of all statutes re-	(P.O. Box NOT as FL State re of process for the intment as registered at the proper	32312 Zip above stated limited liabed agent and agree to act and complete performan	ility company at the in this capacity. I ce of my duties, and I
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(CONTINUED)

ARTICLE IV-

. . . .

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
_	ADAM EDISON
MGR	ADAM EDISON 1095 Military Trail # 1201
	Jupiter, FL 33468
	
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	TTI N
	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other that effective date is listed, the date mate of filling.)	tust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be I
CLE V: Effective date, if other that effective date is listed, the date must of filing.) If the date inserted in this block of	tust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be I
CLE V: Effective date, if other that effective date is listed, the date must e of filing.) If the date inserted in this block occument's effective date on the Decard CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	tust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be I
CLE V: Effective date, if other that effective date is listed, the date must effective date inserted in this block occument's effective date on the Decle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a the	does not meet the applicable statutory filing requirements, this date will not be I partment of State's records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)