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	(Business Entity Name)		
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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

 		
JQ Ops, LLC		
Please Debit FCA0000	000003 For: 125	
Thank you Seth Neck	ey	
1.400/		
		Art of Inc. File
		LTD Parmership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
	·	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Daguartad h		UCC 1 or 3 File
Requested by: SETH	06/22/2023	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TTICLE I - Name: e name of the Limited Liabilit	y Company is:		
10.0	, , ,		
JQ Ops, LLC			
(Must cont	ain the words "Limited Liab	ility Con	npany, "L.L.C.," or "LLC.")
TICLE II - Address:			
	ddenes of the mission of the	ا ماداده ا	turb of the firm of
maring address and street a	auress of the principal office	ormer.	imited Liability Company is:
Princip	al Office Address:		Mailing Address:
2470 SW 21ST STR		_	1753 POINSETTIA DR
FORT LAUDERDA	LE, FL 33312		FORT LAUDERDALE, FL 33305
ther business entity with an a	ective Florida registration.)		Agent. You must designate an individual or
	Hunter Sundberg, Esq.		
	Na	une	
	100 NE Third Ave, Suite	1000	
	Florida street address (P.	O. Box I	NOT acceptable)
	FORT LAUDERDALE	FL	33301
	City	State	Zip

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)

2023 JUN 22 AM 3: 34 SECRETARY OF STATE

Name and Address: "AMBR" = Authorized Member "MGR" = Manager JO FTL Holding, LLC 2470 SW 21ST STREET FORT LAUDERDALE, FL 33312 MBR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a morpher 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. Hunter Sundberg Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE