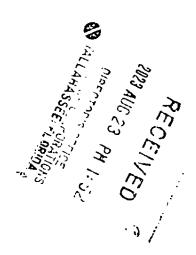
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NAME: JEM ACQUISITIONS LLC

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| SUBJECT | JEM Acquisiti | | | | | |
| Sobject | • | Name | of Limi | ted Liabili | y Company | |
| The enclos | sed Articles of Or | ganization and fe | e(s) are | submitted | for filing. | |
| Please reti | ırn all correspond | ence concerning | this mat | ter to the f | ollowing: | |
| | Joseph Mudd | | | | | |
| | | | | Name of | Person | |
| | JEM Acquistion | ıs | | | | |
| | | _ | | Firm/Co | npany | |
| | 1101 46th St N | | | | | |
| | | | | Addr | :SS | |
| | St Petersburg F | lorida 33713 | | | | |
| | | | Ci | ty/State an | d Zip Code | |
| | joey.mudd19@g E-r | | oe used | for future a | nnual report notification | on) |
| For further | information conc | erning this matter | , please | call: | | |
| | Joseph Mudd | | 84 ai (| 7 | 9427097 | |
| | Name (| of Person | Ar | ea Code | Daytime Telephone | e Number |
| Enclosed | is a check for the | following amoun | t: | | | |
| ≡ \$125.0 | 0 Filing Fee | □\$130.00 Filing Certificate of Sta | | Certifi | 5.00 Filing Fee & ed Copy al copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ng Section of Corporations | | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street | issee |

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | .C | | | |
|---|--|-----------------------------------|-----------------------|--|
| (Must cont | ain the words "Limited I | iability Company. | "L.L.C" or "LLC.") | |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal o | ffice of the Limited | Liability Company is: | |
| <u>Princip</u> | al Office Address: | | Mailing Address: | |
| 1101 46th St N | | 1101 | 1 46th St N | |
| St Petersburgh FL 33 | 713 | St Pe | etersburg FL 33713 | |
| | | Name | | |
| | 155 Office Plaza D | Orive | ecceptable) | |
| | 155 Office Plaza D Florida street addres Tallahassee | Drive | acceptable) | |
| | Florida street addres | Orive s (P.O. Box <u>NOT</u> a | | |

(CONTINUED)

ARTICLE IV-

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

| <u> Citle:</u> | | Name and Address: | |
|----------------|--|---|----------------------------|
| | uthorized Member | | |
| 'MGR" = Mai | nager | | |
| MGR | | Joseph Mudd | |
| | | 1101 46th St N | |
| | | St Petersburg FL 33713 | |
| | | | |
| MGR | | Sommerset Management Company | |
| | | 1101 46th ST N | |
| | | St Petersburg FL 33713 | <u> </u> |
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| Use attachme | ent if necessary) | | |
| | | date of filing: 8/23/2023 | |
| nent's effecti | ve date on the Departm | not meet the applicable statutory filing requiremment of State's records. | ents, this date will not o |
| | rovisions, if any. | | |
| | | | |
| REOUIRED | SIGNATURE: | | |
| | | Joseph Mudd | |
| | Signature of a | a member or an authorized representative of | a member. |
| | This document is ex | secuted in accordance with section 605.0203 (1) | (b), Florida Statutes. |
| | I am aware that any : | false information submitted in a document to the | e Department of State |
| | constitutes a third de | egree felony as provided for in s.817.155, F.S. | |
| | Joseph Mudd | 1 | |
| | <u>Joseph Jviuda</u> | Typed or printed name of signee | |
| | | •• • | |
| | | Ellian Coop | |
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