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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 098687 4333422 AUTHORIZATION : COST LIMIT ORDER DATE: October 30, 2023 ORDER TIME : 2:06 PM ORDER NO. : 098687-020 CUSTOMER NO: 4333422 DOMESTIC FILING NAME: RJ KING INVESTMENTS 4 LLC EFFECTIVE DATE: __ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

___ CERTIFIED COPY
__ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

COVER LETTER

	New Filing Section Division of Corporations							
SUBJEC	RJ King Investments 4 LLC							
SOBJEC		Limited Liabili	ty Company					
The enclo	osed Articles of Organization and fee(s) are submitted	for filing.					
Please ret	urn all correspondence concerning this	s matter to the fe	ollowing:					
	Sonia K. Lowe, Paralegal							
	Name of Person							
	Baker & Hostetler LLP							
	Firm/Company							
	200 Civic Center Drive, Suite 1200							
	Address							
	Columbus, Ohio 43215							
	mgraban@bakerlaw.com	City/State and	I Zip Code					
	E-mail address: (to be u	sed for future a	nnual report notification)					
For further	information concerning this matter, plo	ease call:						
	Sonia K. Lowe	614 (462-4701					
	Name of Person	Area Code	Daytime Telephone Number					
Enclosed	is a check for the following amount:							
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	└─/Certifie	S160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314) [2	Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:					
RJ King Investment (Must conta		Liability Compa	ıy, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad-	dress of the principal o	office of the Limi	ted Liability Company is:			
<u>Principa</u>	l Office Address:		Mailing Add	<u>iress</u> :		
12110 Sunnydale D Wellington, FL 3341			2110 Sunnydale Drive Vellington, FL 33414			
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own	Registered Agei		ndividual or	. 7:36	
The name and the Florida street a	ddress of the registered	i agent are:				
Corporation Service Company					3	٠
	1201 Hays Street Florida street addres	Name s (P.O. Box NO	[acceptable)	,	£1 9: 35	·;
	Tallahassee	FL	32301			
	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..

Corporation Service Company

Elistered Agent's Signature (NEQC

(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 AMBR RJ King Investments LLC 12110 Sunnydale Drive Wellington, FL 33414 (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 the date of filing.) 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: /s/ Michael Dea Signature of a member or an authorized representative of a member.

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

Michael Dea

Typed or printed name of signee

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)