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**FLORIDA LIMITED LIABILITY CO.  
PAPPA'S CABIN, LLC**

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**ARTICLES OF ORGANIZATION**  
**OF**  
**PAPPA'S CABIN, LLC**

The undersigned subscribers to these Articles of Organization, natural persons, competent to contract, hereby executed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I.**

The name of this limited liability company is PAPPA'S CABIN, LLC.

**ARTICLE II.**

The period of duration for this limited liability company shall be perpetual.

**ARTICLE III.**

The mailing address and street address of the principal office of this limited liability company is 4939 NW CR 146, Jennings, Florida 32053.

**ARTICLE IV.**

The name and street address of the initial registered agent of this limited liability company is SYLVIA A. CONE, whose mailing address is 4939 NW CR 146, Jennings, Florida 32053.

**ARTICLE V.**

The only members of this limited liability company are SYLVIA A. CONE and SUSAN E. GOODIN, who shall each receive one-half (1/2) of the membership interest in this limited liability company. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

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ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the managers are SYLVIA A. CONE and SUSAN E. GOODIN, and all actions of this limited liability company shall require the consent and joinder of both Managers.

ARTICLE VIII.

The Organizing Members of this limited liability company are SYLVIA A. CONE and SUSAN E. GOODIN.

IN WITNESS WHEREOF, the said Organizing Members have hereunto set their hands and seals this 21<sup>st</sup> day of NOV., 2023.

PAPPA'S CABIN, LLC

By: Sylvia A. Cone  
SYLVIA A. CONE  
Organizing Member

By: Susan E. Goodin  
SUSAN E. GOODIN  
Organizing Member

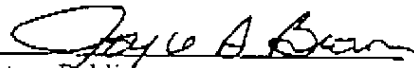
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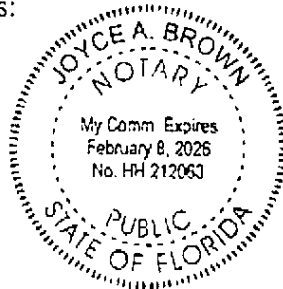
STATE OF FLORIDA  
COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above was acknowledged before me by means of ☐ physical presence or ☐ online notarization by SYLVIA A. CONE and SUSAN E. GOODIN, as the Organizing Members of PAPPAS CABIN, LLC, before me known to be the persons described as the Organizing Members in, and who executed the foregoing Articles of Organization, and acknowledged before me that they subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this 21<sup>st</sup> day of Nov., 2023.

  
Notary Public

My Commission Expires:



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR SERVICE OF PROCESS WITHIN FLORIDA,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Chapter 605 and /or Chapter 621, Florida Statutes, the following is submitted:

PAPPA'S CABIN, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 4939 NW CR 146, Jennings, Florida 32053, names SYLVIA A. CONE, whose mailing address is 4939 NW CR 146, Jennings, Florida 32053, and whose street address is 4939 NW CR 146, Jennings, Florida 32053, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

PAPPA'S CABIN, LLC

By: Sylvia A. Cone  
SYLVIA A. CONE, Manager

Dated: November 21, 2023

By: Susan E. Goodin  
SUSAN E. GOODIN, Manager

Dated: November 21, 2023

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.

Sylvia A. Cone  
SYLVIA A. CONE  
Registered Agent

Dated: November 21, 2023

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