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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

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**BROOK 1/22** 

	CERTIFIED COPY		•		
X	РНОТОСОРУ				
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X	FILING	LLC		<u> </u>	
<u>J</u>	&J LAND ACQUISIT	IONS LLC MENT #)	. ,.		
(C	CORPORATE NAME AND DOCU	MENT #)			
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AL RUCT	TONS:				

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabi	lity Company is:			
J&J Land Acquisit			<u>.                                    </u>	
(Must co	ntain the words, "Limited	l Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal	office of the Lin	nited Liability Company is:	
Princi	ipal Office Address:		Mailing Address:	
27184 San Carlos I	27184 San Carlos Drive		27184 San Carlos Drive	
	Punta Gorda, FL 33983		Punta Gorda, FL 33983	
another business entity with ar The name and the Florida stree	•	d agent are: Name	OT acceptable)	
			•	
	Punta Gorda	FL	33983	
	City	State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the app provisions of all statutes r	pointment as regi relating to the pr	or the above stated limited liability company at the istered agent and agree to act in this capacity. I oper and complete performance of my duties, and items as provided for in Chapter 605, F.S	

(CONTINUED)

### ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR James Cannon 27184 San Carlos Drive Punta Gorda, FL 33983 (Use attachment if necessary) (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. REOUIRED SIGNATURE: /S/ James Cannon

Typed or printed name of signee

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

#### Filing Lees.

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

James Cannon