

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000064648
FILED 8:00 AM
February 05, 2024
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:
ANCIENT CITY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1220 CREEK CREEK BEND RD.
JACKSONVILLE, FL. 32259

The mailing address of the Limited Liability Company is:
1220 CREEK CREEK BEND RD.
JACKSONVILLE, FL. 32259

Article III

The name and Florida street address of the registered agent is:
LEGACY ORGANICS INC.
1220 CREEK BEND RD.
SAINT JOHNS, FL. 32259

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.

Registered Agent Signature: FIDEL M. OWENS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: COO
PAULA R COOK
62 GUANAHANI TRAIL
ST. AUGUSTINE, FL. 32080 US

Title: GC
DAVID G COOK
62 GUANAHANI TRAI
ST. AUGUSTINE, FL. 32080 US

Title: CFO
FIDEL M OWENS
1220 CREEK BEND RD.
SAINT JOHNS, FL. 32259 US

Title: PRES
HEATHER M OWENS
1220 CREEK BEND RD.
SAINT JOHNS, FL. 32259 US

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Signature of member or an authorized representative

Electronic Signature: FIDEL M. OWENS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.