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To:

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From:

Account Name : COURTACCESS CENTERS, LLC
Account Number : 075350000541
Phone : (813)875-1333
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Juliansheard727@gmail.com

FLORIDA LIMITED LIABILITY CO.

Julians Palms LLC

Certificate of Status	1
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Audit # H24000089120
**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

FILED**2024 MAR -6 AM 8: 24**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I****Name and Address**

The name of this Limited Liability Company is:

Julians Palms LLC

The mailing address and street address of the Limited Liability Company are:

**244 Iron Age Street
Safety Harbor, FL 34695**

ARTICLE II**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida

ARTICLE IV**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

**244 Iron Age Street
Safety Harbor, FL 34695**

and the name of its registered agent at such address is:

Julian Sheard

ARTICLE VI
Management

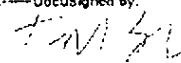
The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address

**Julian Sheard, Authorized Member
244 Iron Age Street
Safety Harbor, FL 34695**

**Falon Sweeney, Authorized Member
244 Iron Age Street
Safety Harbor, FL 34695**

Dated: Wednesday, March 06, 2024

DocuSigned by:


Julian Sheard, Authorized 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.**

This form was prepared with the assistance
of CourtAccess Centers LLC, a
non-lawyer located at 13046 Race Track Road.,
Suite 131, Tampa, FL 33626., 813-875-1333.

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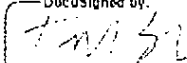
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ACCEPTANCE BY REGISTERED AGENT

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..

Date: March 6, 2024

DocuSigned by:

42404E8049B24.D
Julian Sheard

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