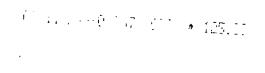
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: JT Allumna Enterprises, LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Oluwatosin Adeyemi-Jones |
| Firm/Company |
| 33 Bell Street |
| Havana, FL 32333 City/State and Zip Code J+allukingentlic @ amail. Com E-mail address: (ab be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810TallahasseeFL 32303 |

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|---|
| (Must contain the words "Limited Liability | Enterprises, LLC Company, "L.L.C., or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of | the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 33 Bell Street Havana, FL 32333 | 33 Bell Street Havana, Fl 32333 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Oluwatosin Adeyemi-Jones

Name

33 Bell Street

Florida street address (P.O. Box NOT acceptable)

Havara FL 32333

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

| Title: "AMBR" = Authorized Member | Name and Address: | |
|--|---|--------------------|
| "MGR" = Manager AMBR | Oluwatosin Adeyemi-J 33 Bell Street Havana, FL 32333 | ones |
| MGR_ | Jimmy Jones 33 Bell street Havana, FL 32333 | <u>.</u> |
| | | |
| | | |
| (Use attachment if necessary) | the date of filing: (OPTIONA | |
| e document's effective date on the Dep | arment of State's records. | |
| REQUIRED SIGNATURE: | | |
| This document I am aware that constitutes a thir | e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Stany false information submitted in a document to the Department or degree felony as provided for in s.817.155, F.S. | atutes. f State |
| <u>VIXI</u> | Typed or printed name of signee | |
| \$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Opt \$ 5.00 Certificate of Status | | 2024 h |
| 9 JOY CHAMENT OF DESIGN | V-F/ | |
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