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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : AUTHORIZATZÓN ORDER DATE : 03/21/24 ORDER TIME : ORDER NO. : CUSTOMER NO: DOMESTIC FILING NAME: TWC Jones Partners LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY __ PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING CONTACT PERSON: shauna godbolt

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDALISHTED ISABILITY CONTAIN		
ARTICLE I - Name: The name of the Limited Liability Company is:		
TWC Jones Partners LLC		
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the <u>Principal Office Address</u> :	e Limited Liability Company is: Mailing Address:	
333 South Garland Avenue, Suite 1300	333 South Garland Avenue, Suite 1300	
Orlando, FL 32801	Orlando, FL 32801	

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

Christopher D. Wide	eman	
	Name	
333 South Garland	Avenue, Suite 1300	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Orlando	Florida	32801
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..

By: CHRISTOPHER WIDEMAN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:		Name and Address:
"AMBR" = A "MGR" = Ma	uthorized Member	
	nager	Marsham W'daman
MGR		Matthew Wideman 333 South Garland Avenue, Suite 1300
		Orlando, FL 32801
MGR		Christopher Wideman 333 South Garland Avenue, Suite 1300
		Orlando, FL 32801
	.	
		
/Lise attachme	ent if necessary)	
If an effective date is I he date of filing.) Note: If the date insert he document's effective	isted, the date must be spated in this block does not be date on the Department	e of filing:
RTICLE VI: Other pr	ovisions, it any.	
		— Descriptioned by:
REOUIRED	SIGNATURE:	OLIDISTOPHED MIDEMAN
		CHRISTOPHER WIDEMAN
	This document is executed am aware that any fals	nember or an authorized representative of a member? uted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.
	Christopher D. V	Wideman E M
	Christopher D.	Wideman Typed or printed name of signee
		Filing Fees:
		inite ites

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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