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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 Phone : (239)262-5303

Final Mumbon (239)262-5303

Fax Number : (239)262-6030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

M 2: 55

Email

flower@cintroncustombuilders.com_____

FLORIDA LIMITED LIABILITY CO.

Jung 3, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

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COVER LETTER

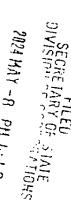
| | Registration Section Division of Corporations |
|-------------|---|
| SUBJEC | JUNG 3, LLC |
| 3000260 | Name of Limited Liability Company |
| The enclo | sed Articles of Organization and fee(s) are submitted for filing. |
| Please ret | urn all correspondence concerning this matter to the following: |
| | Conrad Willkomm Esq. |
| | Name of Person |
| | Law Office of Conrad Willkomm, P.A. |
| | Firm/Company |
| | 3201 Tamiami Trail N, 2nd Floor |
| | Address |
| | Napies, FL 34103 |
| | City/State and Zip Code conrad@swfloridalaw.com |
| | E-mail address: (to be used for future annual report notification) |
| For further | information concerning this matter, please call: |
| | Conrad Willkomm, Esq. 239 262-5303 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed | is a check for the following amount: |
|]\$125.00} | S130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301



Fax: 12392626030

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|-------------------------------------|
| JUNG 3. LLC | |
| (Must end with the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office o | f the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 440 20th Ave NE | 440 20th Ave NE |
| Naples, FL 34120 | Naples, FL 34120 |
| | |

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:

| Law Office of Conra | id Willkomm, P.A. | |
|-----------------------|---------------------------|------------|
| | Name | |
| 3201 Tamiami Trail | N, 2nd Floor | |
| Florida street addres | s (P.O. Box <u>NOT</u> ac | cceptable) |
| Napies | FL | 34103 |
| 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.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

| Title: | | Name and Address: |
|--|---|--|
| | Authorized Member | |
| "MGR" = N | Лалаger | |
| MGR | | Jose Cintron |
| | | 440 20th Ave NF. |
| | | Naples, FL 34120 |
| MGR | | Flor Cintron |
| , | | 440 20th Ave NE |
| | | Naples, FL 34120 |
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| Invivo | | |
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| CLEV: Effect | ment if necessary) | of filing: (OPTIONAL) |
| CLE V: Effect offective date to of filling.) If the date instrument's effect. | tive date, if other than the date is listed, the date must be specified in this block does not me tive date on the Department of provisions, if any. | ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be listen of State's records. |
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| CLE V: Effect effective date te of filing.) If the date insocument's effect CLE VI: Others is a manager in the of the member | ive date, if other than the date is listed, the date must be speciested in this block does not me tive date on the Department of provisions, if any, anaged company. Any managers or other manager(s). D SIGNATURE: Tosa Cin Jose Cin Maya. Signature of a me | ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be listed of State's records. See may take any action on behalf of the company without Tron 2024 13 61 601; mber or an authorized representative of a member. |
| CLE V: Effect effective date te of filing.) If the date insocument's effect CLE VI: Others is a manager in the of the member | ive date, if other than the date is listed, the date must be specierted in this block does not me trive date on the Department of provisions, if any, anaged company. Any managers or other manager(s). Description May 8, Signature of a me This document is execution. | recific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be listed of State's records. See may take any action on behalf of the company without Tron May 1961 [20] The or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. |
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| CLE V: Effect effective date te of filing.) If the date insocument's effect CLE VI: Others is a manager in the of the member | ive date, if other than the date is listed, the date must be specificated in this block does not me trive date on the Department of provisions, if any, anaged company. Any managers or other manager(s). Designature: Signature of a me This document is executed any subsection of the country | recific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be listed of State's records. See may take any action on behalf of the company without Tron The record of a member of an authorized representative of a member. Ed in accordance with section 605.0203 (1) (b), Florida Statutes. Enformation submitted in a document to the Department of State |