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CORPORATE ACCESS, _

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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6.	(CORPORATE NAME AND DOCUMEN	ŸΓ #)		
SPECIAI	L INSTRUCTIONS:			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>Specialized Lo</u> (Must c	ontain the words "Limited	Liability Compan	y. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	et address of the principal o	office of the Limite	ed Liability Company is:	
Prin	cipal Office Address:		Mailing Ac	<u>ddress</u> :
100 SE 3rd Av Fort Lauderdal	ve Fl 1000 le. FL 33394		00 SE 3rd Ave Fl 100 ort Lauderdale, FL 3	00 3394
ARTICLE III - Registered (The Limited Liability Comp another business entity with	any cannot serve as its own	Registered Agent		individual or
The name and the Florida str	eet address of the registered	d agent are:		
	Scott Everett			
		Name		
	100 SE 3rd Ave I			
	Florida street addres	is (P.O. Box <u>NOT</u>	acceptable)	
	Fort Lauderdale.	FL 33394		
	City	State	Zip	
Having been named as register place designated in this certific further agree to comply with the am familiar with and accept the	rate. I hereby accept the app e provisions of all statutes r	pointment as registe relating to the prop as registered agen	ered agent and agree to a er and complete perform	act in this capacity. 🔁 nance of my duties, 🖼 l
	Regist	tered Agent's Sign	ature (REQUIRED)	AM CF SEE
		(CONTINUED		AN 9: 47 CF STATE SEE, FL

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	D J C HOLDING LLC 100 SE 3rd Ave Fl 1000 Fort Lauderdale, FL 33394
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a
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: If the date inserted in this block does not me ocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: /s/ Scott Everett	2024 HAY 20 AM
E If the date inserted in this block does not me ocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: /s/ Scott Everett Signature of a men This document is execute I am aware that any false.	of State's records.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)