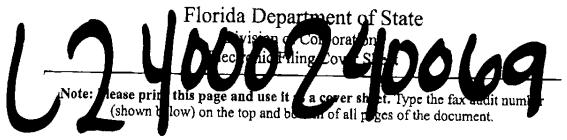
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To:

Division of Corporations

Fax Number

: (850)617-6381

Account Name : CS SUNBIZ, LLC Account Number : I20040000164 Phone : (407)691-5600 Fax Number : (407)691-5620

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

Email Address: KWHITE@AHG-GROUP.COM

FLORIDA LIMITED LIABILITY CO. JTGT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR I	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
JTGT HOLDINGS, LLC (Must contain the words "Timited I	Liability Company, "L.L.C.," or "LLC.")
ABTICLE	CS Sunbiz, LLC
Principal Office Address:	Mailing Address:
700 W. MORSE BOULEVARD	700 W. MORSE BOULEVARD
SUITE 220	SUITE 220
WINTER PARK, FL 32789	WINTER PARK, FL 32789
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
RONALD M. GINSB	URG, TRUSTEE
,	Name

700 W. MORSE BOULEVARD, SUITE 220

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

WINTER PARK **FLORIDA** 32789 City Zip State

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..

> DocuSigned by: Ron Ginsburg
>
> Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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	Authorized Mem	er er	Name and Address:	
"MGR" = 1	Manager			
MGR			RONALD M. GINSBURG	
		-	700 W. MORSE BOULEVARD, SUITE 220	
		-	WINTER PARK, FL 32789	
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(Use attachi	nent if necessary)	_		
CLE V: Effecti	nent if necessary)	a the date of filing:	(OPTIONAL)	
CLE V: Effective date in the of filling.) If the date insecument's effective in the date i	ve date, if other the listed, the date n	ust be specific and co	annot be more than five business days prior to or 90 da licable statutory filing requirements, this date will not be	
CLE V: Effective date in the of filling.) If the date insecument's effective CLE VI: Other	ve date, if other the listed, the date n erted in this block ive date on the De	oes not meet the appoartment of State's re	annot be more than five business days prior to or 90 da licable statutory filing requirements, this date will not be cords.	
CLE V: Effective date is the of filing.) If the date insecument's effective CLE VI: Other	ve date, if other the listed, the date nearted in this block ive date on the Deprovisions, if any.	oes not meet the appointment of State's re Docusioned by:	annot be more than five business days prior to or 90 da licable statutory filing requirements, this date will not be cords.	
CLE V: Effective date is the of filing.) If the date insecument's effective CLE VI: Other	ve date, if other the listed, the date need in this block live date on the Deprovisions, if any. SIGNATURE: Signatur This document I am aware that	Docusioned by: Cof a member or an is executed in accordany false information	annot be more than five business days prior to or 90 da licable statutory filing requirements, this date will not be cords.	
CLE V: Effective date in the of filling.) If the date insecument's effective CLE VI: Other	ve date, if other the ilisted, the date in this block ive date on the Deprovisions, if any. Signature: Signature This document I am aware that constitutes a the listed in the date in the constitutes at the listed in the list	Docusioned by: Cof a member or an is executed in accordany false information	annot be more than five business days prior to or 90 da licable statutory filing requirements, this date will not be cords. authorized representative of a member. Issue with section 605.0203 (1) (b), Florida Statutes. Is submitted in a document to the Department of State	

\$ 5.00 Certificate of Status (Optional)