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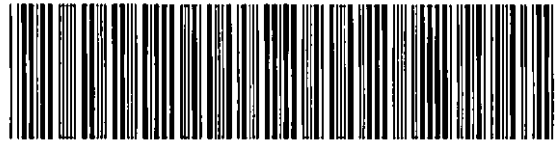
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1. SLC INVESTMENTS 2, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

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KLEIN & KLEIN, LLC

Attorneys at Law

40 Southeast 11th Avenue
Ocala, Florida 34471

HARVEY R. KLEIN (1922-2003)
H. RANDOLPH KLEIN
FRED N. ROBERTS, JR.
LAWRENCE C. CALLAWAY, III
AUSTIN T. DAILEY

PHONE (352) 732-7750
FAX (352) 732-7754

September 5, 2024

**TO: Registration Section
Division of Corporation**

RE: SLC INVESTMENTS 2, LLC

The attached Articles of Incorporation and fees are submitted for filing.

The following is the email address for the LLC:

john@solarlandcorp.com

For further information concerning this matter, please call

H. Randolph Klein at (352) 732-7750

CLERK OF STATE
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: **SLC INVESTMENTS 2, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**5455 West HWY 329
Reddick, FL 32686**

Mailing Address:

**5455 West HWY 329
Reddick, FL 32686**

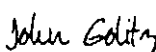
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**JOHN GOLITZ
5455 West HWY 329
Reddick, FL 32686**

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, Florida Statutes.

Signed by:



BC55EBCAEBE0A79

JOHN GOLITZ

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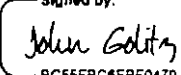
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR"	JOHN GOLITZ 5455 West HWY 329 Reddick, FL 32686
"MGR"	SHARI M. GOLITZ 5455 West HWY 329 Reddick, FL 32686
"MGR"	SAMANTHA M. CHODY 5455 West HWY 329 Reddick, FL 32686

REQUIRED SIGNATURE:

Signed by:

Signature of a member or an authorized representative of a member.

TO: CLERK OF STATE
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This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

JOHN GOLITZ

Typed or printed name of signee