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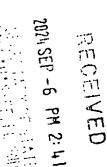
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of	Limited Liab	ility Company	·	•
The encl	osed Articles o	f Organization and fee(s)) are submitte	ed for filing.		
Please re	turn all corresp	oondence concerning this	matter to the	following:		
	M. Chris Ed	iwards				
			Name o	of Person		2
	M. Chris Ed	lwards, PA				2024 SEP -6
			Firm/C	Company	<u> </u>	- P
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			City/State a	nd Zip Code		
	mcepalaw@a	ol.com				
		E-mail address: (to be us	ed for future	annual report notificat	ion)	
For further	information co	oncerning this matter, ple	ase call:			
	M. Chris Ed		561	743-0480		
	Nan	ne of Person	Area Code	Daytime Telephor	ie Number	
Enclosed	is a check for t	he following amount:				
≣\$ 125.0	0 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate Certified C	Filing Fee, of Status & opy opy is enclosed)
		ng Address		Street Address New Filing Section D	ivision	
		iling Section on of Corporations		The Centre of Tallah	assee	
		ox 6327 assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability	Company is:					
Fauna Holdings, LLC						
(Must conta	in the words "Limited	Liability Compa	iny, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Lim	ited Liability Company is:			
Principal Office Address: Mailing			Mailing Address:			
910 Mill Creek Drive			910 Mill Creek Drive			
Palm Beach Gardens, FL 33410 Palm Beach Gard			Palm Beach Gardens, FL 33410			
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 incompany cannot serve as its own Registered Agent. You must designate an individual or incompany cannot business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:						
	M. Chris Edwards					
Name Name						
4425 Military Trail. Suite 200						
Florida street address (P.O. Box NOT acceptable)						
	Jupiter	Florida	33458			
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR John Hill 910 Mill Creek Drive Palm Beach Gardens, FL 33410 MGR Jonathan Scurry 910 Mill Creek Drive Palm Beach Gardens. FL 33410 (Use attachment if necessary) بي ARTICLE V: Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

a-thorized representative

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

M. Chris Edwards, authorized representative

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)