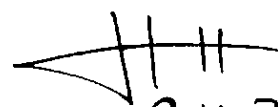


Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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 TALLAHASSEE, FL

2024 SEP 10 PM 3:01

RECEIVED

**FLORIDA LIMITED LIABILITY CO.**  
**3400 SW 27 AVE #605, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

24 SEP 10 PM 4:25

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3400 SW 27 AVE #605, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1219 W WYNEWOOD RD, APT 410  
WYNEWOOD, PA 19096

1219 W WYNEWOOD RD, APT 410  
WYNEWOOD, PA 19096

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:

MANCERO LAW, P.A.

Name

250 CATALONIA AVENUE, SUITE 302

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

CORAL GABLES

FL


33134

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 SEP 10 PM 4: 25

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

\*AMBR" = Authorized Member

\*MGR" = Manager

MGR

JERNIGAN HOLDINGS, LLC  
1219 W WYNEWOOD RD, APT 410  
WYNNEWOOD, PA 19096

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(Use attachment if necessary)

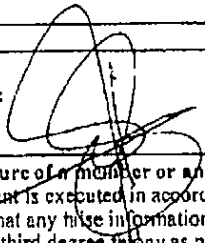
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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.  
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.

GUILLERMO M. MANCEBO, AUTHORIZED AGENT

Typed or printed name of signer

**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)

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