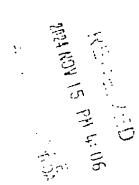
L740UU484900

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



400439056254







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

If there are any issues please contact Cheyanne at 850-202-1882

| Date:11/15 | 5/2024 | | |
|-------------------|-------------------------------|-----------------|-----------------|
| Name: Ch | eyanne Davis | | ~ |
| Reference #: | 2524581 | Ž. | 15 AON 1207 |
| Entity Name: | FUNSLOW HO | DLDINGS FL, LLC | 7. 15. VC |
| | ncorporation/Authorization to | 1 Ti + | , W |
| Change of A | agent | | |
| Reinstateme | ent | | |
| Conversion | | | |
| ☐ Merger | | | |
| ☐ DissolutionA | <i>N</i> ithdrawal | | |
| ☐ Fictitious Na | ıme | | |
| Other | | | |
| | | | |
| Authorized Amount | \$125.00 | | |
| Signature: (| Thum Pair | | |

F: +852.2682.9790

COVER LETTER

| то: | New Filing S Division of C | | | |
|-----------|-------------------------------|--|--|--|
| SUBJI | ECT: | Funslow | Holdings FL, LLC | |
| | | Name of Lir | nited Liability Company | |
| The en | closed Articles | of Organization and fee(s) ar | e submitted for filing. | |
| Please | return all corres | spondence concerning this ma | atter to the following: | |
| | | | Name of Person | |
| | | Function Ranch | Private Family Trust Compan | Y LLC TALL NHA |
| | | r difficult (Carlett | Firm/Company | <u> </u> |
| | | 680 S Ca | che Street, Suite 100-10219 | SS: |
| | | | Address | # 9: |
| | | lac | kson, Wyoming 83001 | ATE ATE |
| | - | | ity/State and Zip Code | |
| | | | ciinuts@aol.com | |
| | | E-mail address: (to be used | for future annual report notifica | tion) |
| For furtl | ner information | concerning this matter, please | e call: | |
| | Madelei | ne Grace Calderon at (| 817) 504-2 | 804 |
| | Na | ame of Person A | rea Code Daytime Telephor | ne Number |
| Enclos | ed is a check fo | r the following amount: | | |
| \$125.0 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | <u>Mai</u> | ling Address | Street Address | |
| | | Filing Section | New Filing Section | |
| | | sion of Corporations Box 6327 | Division of Corporat Clifton Building | ions |
| | | ahassee, FL 32314 | 2661 Executive Cent | ter Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Funslow Holdings FL, 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:

| Funslow Ranch PFTC LLC |
|-------------------------------------|
| 680 S Cache Street, Suite 100-10219 |
| Jackson, Wyoming 83001 |

Funslow Ranch PFTC LLC 680 S Cache Street, Suite 100-10219 Jackson, Wyoming 83001

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:

| Cogency Global Inc. | |
|--|---|
| Name | |
| 115 North Calhoun Street, Suite 4 | |
| Florida street address (P.O. Box NOT acceptable) | _ |

| Tallahassee | Florida | 32301 |
|-------------|---------|-------|
| 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.,

Katie Nicholson, Assistant Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| MGR | Funslow Ranch PFTC LLC |
| | 680 S Cache Street, Suite 100-10219 |
| | Jackson, Wyoming 83001 |
| AMBR | Todd Winslow |
| | 1335 Weaver Glen Road |
| | Jacksonville, Florida 32223 |
| AMBR | Heather Winslow |
| | 1335 Weaver Glen Road |
| | Jacksonville, Florida 32223 |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sethed date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any. | pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed |
| REQUIRED SIGNATURE: | nember or an authorized representative of a member. |
| This document is exec I am aware that any fal- | uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S. |
| | Todd Winslow |

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)