

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
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**FLORIDA LIMITED LIABILITY CO.  
KING OF HOME SOLUTIONS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
KING OF HOME SOLUTIONS, LLC**

In accordance with the provisions of the Florida Revised Limited Liability Company Act, Florida Statutes, Chapter 605 (the "Act"), the undersigned, sole organizer of a Florida limited liability company, and an authorized representative of the Member(s) of the Company hereby certifies as follows:

**ARTICLE I: NAME**

The name of the limited liability company is KING OF HOME SOLUTIONS, LLC (the "Company").

**ARTICLE II: ADDRESS**

The street address of the principal office of the Company is:

1940 Haines Street  
Jacksonville, FL 32206

The mailing address of the Company is:

1940 Haines Street  
Jacksonville, FL 32206

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT'S SIGNATURE**

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

Capitol Corporate Services, Inc.  
515 East Park Ave., 2<sup>nd</sup> Floor  
Tallahassee, FL 32301

**ARTICLE IV: EFFECTIVE DATE**

The effective date of these Articles of Organization shall be the date and time these Articles of Organization are filed with the Florida Department of State, Division of Corporations.

**ARTICLE V: MANAGEMENT**

The Company shall be managed by one or more managers (each a "Manager" and collectively, the "Board"), which shall have duties, powers, and authority similar to that of a board of directors, and shall operate through officers elected by the Board, all as provided in the operating agreement (the "Operating Agreement") of the members of the Company (the "Members"). Accordingly, the Managers manage the Company. The Members may change the number of Managers, and remove or elect individual Managers, from time to time as set forth in the Operating Agreement, without the requirement of amending these Articles.

**ARTICLE VI: OFFICERS**

The name, address, and title of each current officer of the Company is:

Title	Name and Address
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President, Secretary, Treasurer	Ryan Zabinsky 1940 Haines Street Jacksonville, FL 32206
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The Board may elect or appoint additional officers, and remove the current officers, from time to time as set forth in the Operating Agreement, without the requirement of amending these Articles.

#### ARTICLE VII: LIMITED LIABILITY

No Member, Manager, officer, agent or employee of the Company shall be personally liable for the debts or liabilities of the Company or for the acts or omissions of any other member, Manager, officer, agent, or employee of the Company.

#### ARTICLE VIII: INDEMNIFICATION

The Company shall indemnify any person who is or was a party to any proceeding by reason of the fact that such person is or was a Member, Manager, or officer of the Company or its subsidiaries, to the fullest extent not prohibited by law, for action taken and omissions made by such person in the capacity of Member, Manager, or officer of the Company or its subsidiaries. To the fullest extent not prohibited by law, the Company shall advance indemnification expenses related to any such proceeding.

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.

  
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Ryan Zabinsky, Sole Organizer

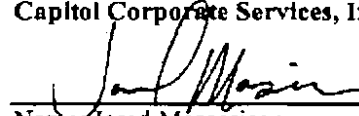
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**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the foregoing Articles of Organization, I hereby accept the appointment as registered agent and agree to act in that 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.

**Capitol Corporate Services, Inc.**  
Name: Jared Margerison

Title: Assistant Secretary

Date: 11/26/24

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