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D	ate: 12/02/2024		en: DW		
		Acc#I20160000072	4n: () = V		
Name:	Savannah U	PLLC			
Document #:					
Order #:	16000316				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial		Country of Destination:			
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Thank you!

ARTICLESOF	ORGANIZATION FOR F	LORIDA LIMITED LIA	ABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability	y Company is:				
Savannah UP LLC (Must conta	in the words "Limited I.	.iability Company, "L.	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ac	dress of the principal of	Tice of the Limited Lia	ability Company is:		
Principa	al Office Address:		Mailing Address:		
3605 Philips Highwa Jacksonville, FL 322	y07		hilips Highway nville, FL 32207		
another business entity with an a	cannot serve as its own active Florida registratio	n.)	s Signature: u must designate an individual or		
The name and the Florida street	address of the registered	agent are:			
	Lippes Mathias LLP				
		Name			
	10151 Deerwood Par	k Blvd., Bldg 300, Su s (P.O. Box <u>NOT</u> acc	nite 300		
		Florida	32216		
	Jacksonville 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: Title: "AMBR" = Authorized Member "MGR" = Manager Upshot Team Holdco. LLC AMBR 3605 Philips Highway Jacksonville, FL 32207 Upshot Team Holdco. LLC MGR 3605 Philips Highway Jacksonville, FL 32207 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: N/A (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. N/A REQUIRED SIGNATURE: andrew tautmann -E22CA 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. Andrew Kaufmann 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)

SLUKLTARY OF STATE