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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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FLORIDA LIMITED LIABILITY CO. Jolestra LLC

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Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICIESOF	JRGANIZA HON FOR FU	ORGIDA LIS	HIEDITABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability	Company is:		
Jolestra LLC			
(Must contai	n the words "Limited Lia	bility Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principal offic	ce of the Li	imited Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
140 N Phillips Ave Sto	: 301		140 N Phillips Ave Ste 301
Sioux Falls, SD 57104		<u>-</u>	Sioux Falls, SD 57104
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its own Re tive Florida registration.)	gistered A	l Agent's Signature: gent. You must designate an individual or
	Corporate Creations Ne	tunek lea	
		iame	
	•	· unit	
	801 US Highway 1		
	Florida street address (I	P.O. Box N	OT acceptable)
	North Palm Reach	FI	33408

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..

City

State

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	R	T	IC	L.E	1	٧	•

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

"AMBR" = Authorized Member "MGR" = Manager MGR JTC Comporate Services (USA) LLC 140 N Phillips Ave Ste 30] Sioux Falls. SD 57104 RTICLE V: Effective date, if other than the date of filing:	"AMBR" = Ai	Name and Address:		
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: I an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days are date of filing. I otte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list net document's effective date on the Department of State's records. RTICLE 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. ITC Comporate Services (USA) LLC. MGR. By: Lauren Underwood, Special Manager Typed or printed name of signee				
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)