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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: SJS Properties Name of Lin	J Solutions Group USA mited Liability Company					
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.					
Please return all correspondence concerning this m	atter to the following:					
Stanley	Name of Person					
Firm/Company						
1884 PEPP	er Hill CT					
	. 1001033					
Tallahassee/FL 32304						
Tallahassee FL 32304 Stanley 91205 @ Jmail 1 (om						
E-mail address: (to be used	for future annual report notification)					
For further information concerning this matter, pleas	e call:					
Name of Person A	rea Code Daytime Telephone Number					
Enclosed is a check for the following amount:	,					
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	☐S155.00 Filing Fee & ☐S160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address	Street Address					
New Filing Section	New Filing Section Division					
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
Tallahassee, FL 32314	Tallahassee, FL 32303					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SJS Property Solutions (Troup USA LLC
(Must contain the words "Limited Liability Company "LLC" 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:
1864 PCPRV H.11 (T Tallahossie, FL 32304	2020 W Pensaroin St Ste 100 PO 2020 Inllahassee, FL 32316

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:

Stanley (1001905

1884 Pepper Hill (T

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

Taliahassee FL 32304

City State Zap 155

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 IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager MCAR Same and Address: Same and Address and Ad

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

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.

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)

S 5.00 Certificate of Status (Optional)