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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | ng Section of Corporations | | |
|---|---|---|---|
| SUBJECT: | SJ Wa | ine LLC | |
| | | nited Liability Company | |
| The enclosed Artic | cles of Organization and fee(s) are | submitted for filing. | |
| Please return all co | orrespondence concerning this ma | ter to the following: | |
| | Steven Joh | nson | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 5584 Lancelo | t Trail | |
| | | Address | |
| | Milton Floric | la 32583 ity/State and Zip Code | |
| | | | |
| | E-mail address: (to be used | o. Steven 1 @gMail.com for future annual report notificati | ion) |
| For further informat | ion concerning this matter, pleas | | |
| < | L. T | Dea . 405 (08) | r . |
| <u>_</u> _ | Name of Person Ar | rea Code Daytime Telephon | |
| . | | | |
| | k for the following amount: | | |
| ☑\$125.00 Filing | Fee □S130.00 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) |
| | Mailing Address | Street Address | |
| | New Filing Section Division of Corporations | New Filing Section Di The Centre of Tallaha | |
| P.O. Box 6327 2415 N. | | 2415 N. Monroe Stree | et, Suite 810 |
| Tallahassee, FL 32314 Tallahassee, FL 32303 | | 3 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | SJ Wayn | e LLC | | |
|--|---|---|--|--|
| (Must cont | tain the words "Limited I | | 'L.L.C.," or "LLC.") | |
| RTICLE II - Address: the mailing address and street a | ddress of the principal of | ffice of the Limited) | Liability Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 5584 La | ancelot Trail | | 5584 Lancelot Trail | |
| M. Hon | Florida 32583 | | Milton Florida 32583 | |
| RTICLE III - Registered Agr The Limited Liability Company | cannot serve as its own | Registered Agent. Y | | |
| The Limited Liability Company nother business entity with an a | y cannot serve as its own active Florida registration | Registered Agent. Y n.) | t's Signature: | |
| The Limited Liability Company | y cannot serve as its own active Florida registration address of the registered | Registered Agent. Yn.) agent are: | t's Signature: ou must designate an individual or | |
| The Limited Liability Company nother business entity with an a | y cannot serve as its own active Florida registration address of the registered | Registered Agent. Y n.) | t's Signature: ou must designate an individual or | |
| The Limited Liability Company nother business entity with an a | y cannot serve as its own active Florida registration address of the registered | Registered Agent. Yn.) agent are: \[\sqrt{2000000} \] Name | t's Signature: ou must designate an individual or | |
| The Limited Liability Company nother business entity with an a | cannot serve as its own active Florida registration address of the registered | Registered Agent. Yn.) agent are: Name (2104 Trail | t's Signature: 'ou must designate an individual or | |
| The Limited Liability Company nother business entity with an a | active Florida registration active Florida registration address of the registered Stever 5584 Lan Florida street address | Registered Agent. Yn.) agent are: Name (2104 Trail | t's Signature: You must designate an individual or ceptable) | |

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..

(CONTINUED)

ARTICLE IV-

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

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|--|
| AMBR | Steven Johnson |
| | 5584 Lancelot Trail |
| | Miller Florina 32583 |
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| (Use attachment if necessary) | |
| (If an effective date is listed, the date must be the date of filing.) | late of fil ng: |
| ARTICLE VI: Other provisions, if anv. | on our of teconal. |
| providing, in unity | |
| | |
| REQUIRED SIGNATURE: | A |
| This document is exc I am aware that any f constitutes a third de | member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |
| | Steven Johnson Typed or printed name of signee |
| | 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)