PAGE 01/03

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| To: | Division of Corporations | | | |
|-------|---|----------------|--------|----------|
| | Fax Number : (850)617-6381 | | 2(| |
| From: | | 3 | 2025 | _ |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. | | 7 | • |
| | Account Number : I20000000019 | • | 83 | i |
| | Phone : (305)552-5973 | r., | \sim | <u> </u> |
| | Fax Number : (305)675-5944 | 2. | - | |
| | | .; | 70 | |
| ** | Enter the email address for this business entity to be used f | or future . | | |
| | annual report mailings. Enter only one email address plea | | ယ | [] |
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FLORIDA LIMITED LIABILITY CO. JR INVESTMENT PROPERTIES GROUP LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

2025 FEB 24 PH 9: 50

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ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited! Liability Company, LLC, or LLC;

JR Investment Properties Group LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4065 Llbby Ct, Merritt Island, FL 32952

ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Limbility) Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Plorida registration.)

Arlisa S Thomas

4065 Libby Ct, Merritt Island, FL 32952

ARTICLE IV-

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

Philo J Outten - AMBR

- Rhonda E Jones - AMBR

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, 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 Department of State constitutes a flirid degree felony as provided for in s.817.155, R.S.

Rhonda e Jones
Typed or printed name of signee

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, E.S.

Registered Agent's Signature (REQUIRED)