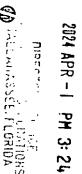
L24000149355

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Susiness Entry (Marie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:













To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 04/01/24 Order #: 1468009-2

Re: TWC Jones Equity QOF, LLC

Processing Method: Routine

TO WHOM IT MAY CÓNGERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
TWC Jones Equity QOF, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," 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:

333 South Garland Avenue, Suite 1300	333 South Garland Avenue, Suite 1300	
Orlando, FL 32801	Orlando, FL 32801	

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:

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Tallahassee	Florida	32301
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. 1,3 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.

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized M	Name and Address:
"MGR" = Manager	
AMBR	Matthew Wideman
	333 South Garland Avenue, Suite 1300
	Orlando, FL 32801
AMBR	Christopher Wideman
AWIDK	333 South Garland Avenue, Suite 1300
	Orlando, FL 32801
-	
(Use attachment if necessa	arv)
	•
	er than the date of filing: (OPTIONAL)
	ate 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 bl	ock does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the	
the document serietive date on the	
ARTICLE VI: Other provisions, if a	
	organized to be a qualified opportunity fund within the meaning of Section 1400Z-2
	86, as amended (the "Code") and the Treasury Regulations thereunder, and therefore,
	organized for the purpose of investing in "qualified opportunity zone property" within
	and the Treasury Regulations thereunder, and for any other lawful business under Chapter 605, Florida Statutes.
<u>REOUIRED</u> SIGNATU	
	CHRISTOPHER WIDEMAN
Sign	nature of a member or an authorized representative of a member.
	ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	e that any false information submitted in a document to the Department of State
	s a third degree felony as provided for in s.817.155, F.S.
211	'. 1 BW:
<u></u>	ristopher D. Wideman Typed or printed name of signee
	ryped of printed maine of arginee

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)