L05000120854

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600062179096

05 DEC 20 PH 1: 02 SEC::::325 (2 12) AAIE

05 DEC 20 MID: 32



ACCOUNT NO. : 072100000032 REFERENCE: 767052 11977A AUTHORIZATION: Denise Wil COST LIMIT : \$ 160.00 ORDER DATE: December 19, 2005 ORDER TIME : 8:48 AM ORDER NO. : 767052-015 CUSTOMER NO: 11977A DOMESTIC FILING SOUTH ATLANTIC FLORIDA, LLC NAME: EFFECTIVE DATE: XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Denise Mick - EXT. 2950 EXAMINER'S INITIALS: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP The second second

ARTICLE I - Name:

The name of the Limited Liability Company is:

South Atlantic Florida, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	

4112 S. Fletcher Ave. 4112 S. Fletcher Ave. Fernandina Beach, FL 32034 Fernandina Beach, FL 32034

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 S	Service Company
	Name
1201 Hays St	rect
	Florida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	City, State, and 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. 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 608, F.S..

> Corporation Service Company Jeanine Reynolds as its agent Signature (REQUIRED)

> > (CONTINUED) Page 1 of 2

LOCATION:

ARTICLE IV- Manager(s) or The name and address of each	r Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
Cary M. Peterson (MGR)	4112 S. Fletcher Ave. Fernandina Beach, FL 32034
(Use attachment if necessary)	
RTICLE V: Effective date, if other the fan effective date is listed, the date in or 90 days after the date of filing.)	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Junes 7	n. demand, d
Signature of a	member or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
By: JAME	M. Iseman, JR.
	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)

Page 2 of 2