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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

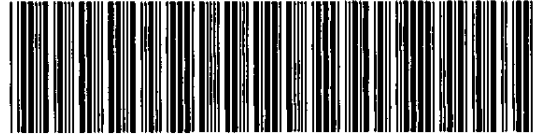
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL 16 AM 10: 26

2-21-15 CR



July 14, 2015

**Via First-Class Mail Only**

Florida Department of State  
Division of Corporations  
New Filing Section  
P.O. Box 6327  
Tallahassee, Florida 32314

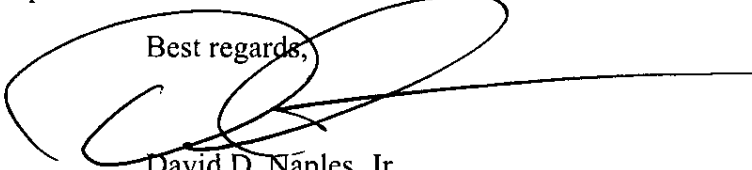
*Re: Filing Documentation for New Florida LLC | "2306 Makarios, LLC"*

To Whom It May Concern:

Please find enclosed herein all required documentation to form a new Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes. Specifically, please find enclosed a *Cover Letter, Articles of Organization*, and a check payable to the "Florida Department of State" in the amount of \$125.00.

Should you need any additional information, please do not hesitate to contact me at 904.940.0060. Otherwise, once the filing is approved for this new LLC, please forward the confirmation to the registered agent/authorized member, Mrs. Cynthia Pritchett, at the address provided. Thank you for your prompt attention to this letter and its enclosures.

Best regards,



David D. Naples, Jr.  
Attorney

(Enclosures)

Cc: Mrs. Cynthia Pritchett  
*Registered Agent/Authorized Member of 2306 Makarios, LLC*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2306 Makarios, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Pritchett  
Name of Person

\_\_\_\_\_  
Firm/Company

23 Anastasia Lakes Drive  
Address

St. Augustine, FL 32080  
City/State and Zip Code

pritchettc@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Pritchett at ( 904 ) 471-5657  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2306 Makarios, LLC

(Must end with 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:

23 Anastasia Lakes Drive  
St. Augustine, FL 32080

Mailing Address:

SAME

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:

Cindy Pritchett  
Name

23 Anastasia Lakes Drive  
Florida street address (P.O. Box **NOT** acceptable)  
St. Augustine, FL 32080  
City State Zip

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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..

Cynthia A. Pritchett  
Registered Agent's Signature (REQUIRED)

(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

AMBR

**Name and Address:**

Cindy Pritchett  
23 Anastasia Lakes Drive  
St. Augustine, FL 32080

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Cynthia A. Pritchett

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.

Cynthia A. Pritchett

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)