

L06000113321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

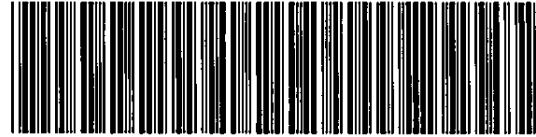
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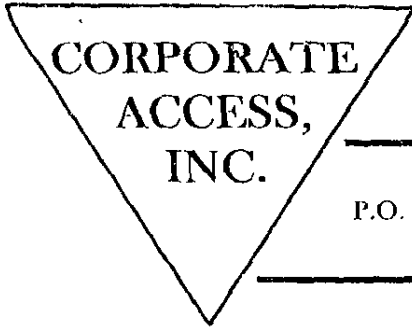
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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- ☒ CERTIFIED COPY
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LLC

1. MICK & SONS, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

ARTICLE I - NAME:

The name of the Limited Liability Company is:

MICK & SONS, LLC

ARTICLE II – ADDRESS:

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

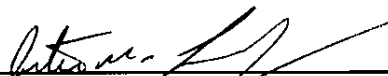
12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224

ARTICLE III – REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

ANTONIO M. LEON, JR.
12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224

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, Florida Statutes.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

Managing Member

WAYNE TIPPING.
PO BOX 382
LA CENTER, WA 98629

Managing Member

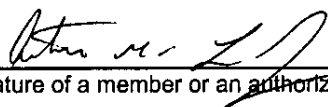
PAMELA TIPPING
PO BOX 382
LA CENTER, WA 98629

Managing Member

ANTONIO M. LEON JR.
12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224

Managing Member

STEVEN CHISHOLM
2820 BULLS BAY HIGHWAY
JACKSONVILLE, FL 32220



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

(In accordance with section 608.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANTONIO M. LEON, JR.

Typed or printed name of signee