## L19000150313

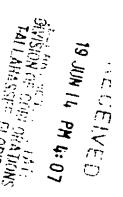
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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JUN 1 7 2019

K Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 809106 7521141
AUTHORIZATION : June 10
COST LIMIT: \$ 125.00
ORDER DATE : June 14, 2019
ORDER TIME : 2:14 PM
ORDER NO. : 809106-005
CUSTOMER NO: 7521141
DOMESTIC FILING
NAME: 7663 MERRILL ROAD JACKSONVILLE FL LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:			
7663 Merrill Road Jack				
(Must contain i	he words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addre	ss of the principal (	office of the L	imited Liability Company is:	
Principal O	ffice Address:		Mailing Address:	
179 East 79th Street, Apt. 12C			179 East 79th Street, Apt. 12C	
New York, New York 1	0075		New York, New York 10075	
another ousliness entity with an active	of serve as its own Florida registration	Registered A	Agent's Signature: gent. You must designate an individual or	
The name and the Florida street addre	ess of the registered	i agent are:		
<u>C</u>	orporation Servic	e Company		
		Name	<del></del>	
<u>12</u>	201 Hays Street			
	orida street addres	s (P.O. Box <u>N</u>	OT acceptable)	
<u> Ta</u>	illahassee	FL	32301	

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..

State

City

Corporation Service Company Roxanne Turner Asst. Vice President Registered Agent's Signature (REQUIRED)

32301

Zip

(CONTINUED)

	Name and Address: norized Member	
"MGR" = Mana MGR	Alan Ziess  8 4 (5) 6 E T Hi	Fdwgy 824 0
MGR	Linda Kirk 841 Gilbert Highway Fairfield, CT 06824	
(Use attachment	if necessary)	
If an effective date is list be date of filing.) Note: If the date inserted he document's effective in	ite, if other than the date of filing:	prior to or 90 days after
ARTICLE VI: Other prov	sions, if any.	
REOUIRED SIG	GNATURE: Wen Ton	
I	Signature of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Floram aware that any false information submitted in a document to the Department on the section of the degree fellows as provided for in s.817.155, F.S.	rida Statutes
	A/AN ZIESS Typed or printed name of signee	_

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

Filing Fees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

ARTICLE IV-