Broad and CASSE Requester's Name	0009374
Address <u>TLH, FL 32301</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>City/State/Zip</u> <u>Cit</u>	400 10
Corporation NAME(S) & DOCUM	
1.	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Mail out Will wait <u>NEW FILINGS</u> Profit	3000053082837 -04/19/0201046007 AMENDMENTS *****260.00 Amendment
Name Availability	 Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
ocument OTHER FILINGS	REGISTRATION/QUALIFICATION
DCC Annual Report Ter Jer DCC	 Foreign 3000053082837 Limited Partnership -04/19/0201046008 ******60.00 ******60.00 Reinstatement Trademark Other
P. Verifyer: DCC	Examiner's Initials
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

54C, LLC

ARTICLE II - Address:

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

6299-5 POWERS AVENUE, JACKSONVILLE, FL 32217

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:



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.



Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

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

CHARLES B POICE Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)