

**L020000010694**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : FARR, FARR, EMERICH, SIFRIT, HACKETT AND CARR, P.A.  
Account Number : 103654001666  
Phone : (941)639-1158  
Fax Number : (941)639-0028

**LIMITED LIABILITY COMPANY**

**S & J DIVERSIFIED, L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I—Name:

The name of the Limited Liability Company is:

S &amp; J DIVERSIFIED, L.C.

## ARTICLE II—Address:

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

S &amp; J DIVERSIFIED, L.C.

## Mailing Address:

c/o Jack O. Hackett II, Esquire  
Farr, Farr, Emerich, Sifrit, Hackett & Carr, P.A.  
Post Office Drawer 511447  
Punta Gorda, Florida 33951-1447

## Street Address:

100 Madrid Boulevard, Suite 212  
Punta Gorda, FL 33950

## ARTICLE III—Registered Agent, Registered Office, &amp; Registered Agent's Signature:

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

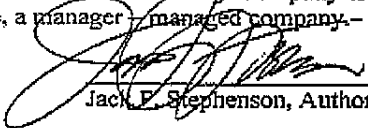
Jack O. Hackett II, Esquire  
Farr, Farr, Emerich, Sifrit,  
Hackett and Carr, P.A.  
99 Nesbit Street  
Punta Gorda, Florida 33950

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.

  
\_\_\_\_\_  
Jack O. Hackett II, Registered Agent

## ARTICLE IV—Management

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

  
\_\_\_\_\_  
Jack F. Stephenson, Authorized Representative of a member

Jack F. Stephenson

Typed or printed name of signer

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

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