

L03000030047

03 AUG 7 PM 3:10

CLERK OF STATE
TALLAHASSEE, FLORIDA



700022061117

08/11/03--01054--015 **155.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

AL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

03 AUG -7 PM 3:41

SUBJECT: Family and Friends Investments LLC
(Name of Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Frederick Story
(Name of Person)

(Firm/Company)

14097 Crestwick Dr. E.
(Address)

Jacksonville, FL 32218
(City/State and Zip Code)

For further information concerning this matter, please call:

Frederick Story at (904) 710-8373
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is: Family and Friends

03 AUG -7 PM 3:4
INVESTMENTS C
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

14097 Crestwick Dr. E.
Jacksonville, FL
32218

Mailing Address:

Same

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

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

Frederick E. Story
Name
14097 Crestwick Dr. E.
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32218
City, State, and Zip

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..

Frederick E. Story
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Karolynn Miller
4765 Barnes Rd
Jacksonville, FL 32207

MGR

Lumturi Taragjini
4637 Trevor Creek
Jacksonville, FL 32237

MGR

Shirley Devonshire
12934 Staffordshire Dr. S
Jacksonville, FL 32225

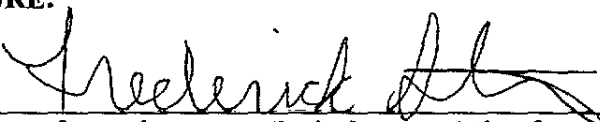
MGR

Maurice Devonshire
12934 Staffordshire Dr. S.
Jacksonville, FL 32225

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Frederick Story
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)

FILED
03 AUG -7 PM 3:1
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGR

MGR

MGR

Name and Address:

Tierra Newton
14097 Crestwick Dr. E.
Jacksonville, FL 32218

Brenda Newton
14097 Crestwick Dr. E.
Jacksonville, FL 32218

Levi Newton
14097 Crestwick Dr. E.
Jacksonville, FL 32218

Anthony Story
2676 Secret Harbor Dr.
Orange Park, FL 32065

FILED

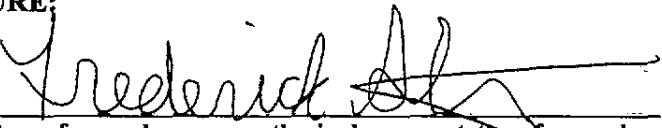
03 AUG -7 PM 3:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Frederick Story
Typed or printed name of signer

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGR

Name and Address:

Willie Singleton

4375 Confederate Pte. #13h

Jacksonville, FL 32210

Tonette Singleton

4375 Confederate Pte. #13h

Jacksonville, FL 32210

FILED

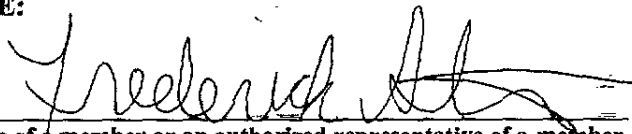
03 AUG -7 PM 3:1

CLERK OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Frederick Story

Typed or printed name of signer

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)