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FILED SECRETARY OF STATE DIVISION OF CHOPORATIONS

## ARTICLES OF ORGANIZATION FÖR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  St.	onehaven Properties, LLC	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
111 N. Calhoun Street	P. O. Box 1739	
Tallahassee, FL 32301	Tallahassee, FL 32302-1739	
THE RESERVE THE PROPERTY OF TH		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the register	ed agent are:	
Fred M. Johnson		
Name		
Tallahassee FL 32301 City, State, and Zip		
Having been named as registered agent and to accept liability company at the place designated in this certific registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performant accept the obligations of my position as registered age	cate, I hereby accept the appointment as ther agree to comply with the provisions of all ce of my duties, and I am familiar with and	

(CONTINUED)

d Agent's Signature

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	F. Carter Johnson 1705 Raa Avenue Tallahassee, FL 32303
<del></del> -	
(Use attachment if necessary)	
NOTE: An additional article must l	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.)

F. Carter Johnson

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)

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