

Division of Corporations

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L04000000637

Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Spottswood Homes LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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DIVISION OF CORPORATION

L04-637
OK

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H04000001509

ARTICLE I - Name

The name of the Limited Liability Company is: **Spottswood Homes LLC**

ARTICLE II - Address

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

Principal Office Address:

1474 Tama-Ran Place

Jacksonville, FL 32259

Mailing Address:

1474 Tama-Ran Place

Jacksonville, FL 32259

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

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

Justin Spottswood

Name

1474 Tama-Ran Place

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Jacksonville, FL 32259

(City / State / 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.

X

Justin Spottswood
Registered Agent's Signature Justin Spottswood

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

H04000001509

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Justin Spottswood - 1474 Tama-Ran Place, Jacksonville, FL 32259

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Justin Spottswood

Typed or printed name of signee

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