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04 FEB 16 PM 10:35

SEC. OF STATE
TALLAHASSEE, FLORIDA



800028752038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Robert C. Sanford

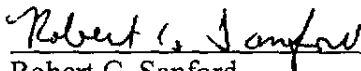
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04 FEB 16 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 13, 2004

To whom it may concern,

Please process the attached Articles of Organization. My name is Robert C. Sanford. My address is 1230 Palmer Terrace, Jacksonville, FL 32207. My daytime phone is 321-246-4283.

Thank you for your assistance,



Robert C. Sanford

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Tier Profit, LLC

ARTICLE II - Address:

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

Principal Office Address:

1230 Palmer Terrace

Jacksonville, FL 32207

Mailing Address:

PO Box 10247

Jacksonville, FL 32247

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

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

Robert C Sanford

Name

1230 Palmer Terrace

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32207

FLORIDA

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, Florida Statutes..

Robert C Sanford

Registered Agent's Signature

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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

Name and Address:

MGRM

Robert C Sanford

1230 Palmer Terrace

Jacksonville, FL 32207

MGRM

Ronald W. Bridges

4759 Chisholm Rd.

Johns Island, SC, 29455

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Robert C Sanford
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.)

ROBERT C. SANFORD
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)