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04 JUN 14 PM 1:11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

04 JUN 14 PM 4:11

SUBJECT: THE Woodall Firm, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MITCHELL Kevin Woodall

(Name of Person)

THE Woodall Firm, LLC

(Firm/Company)

PO Box 351263

(Address)

Jacksonville, FL 32235-1263

(City/State and Zip Code)

For further information concerning this matter, please call:

MITCHELL Kevin Woodall

(Name of Person)

at (904) 480-3200

(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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE I - Name:

The name of the Limited Liability Company is:

THE Woodall Firm, LLC

ARTICLE II - Address:

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

Principal Office Address:

10151 DEERWOOD Park Blvd.

Bldg. 200 / SUITE 250

Jacksonville, FL 32256

Mailing Address:

P.O. Box 351263

Jacksonville, FL 32235

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

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

MITCHELL Kevin Woodall

Name

1710 CHANDLER Circle East

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

Jacksonville, FL

FLORIDA 32225

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.


Registered Agent's Signature

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER MEMBER

MITCHELL Kevin Woodall

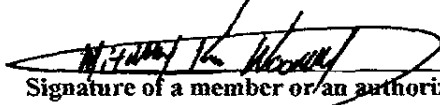
PO Box 38243

JACKSONVILLE, FL 32235

(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.)

MITCHELL Kevin Woodall

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)