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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Offices	
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Office Use Only



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ALLAHASSEE FLORID

W4-79024

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation					
SUBJECT: JOHN EDG	ECOMBE, CPA, LLC (Name of Limited	l Liability Com	pany)		
The enclosed Articles of O	organization and fee(s) are su	ıbmitted for fili	ng.		
Please return all correspon	dence concerning this matte	r to the following	ng:		
JOHN EDG					
	1)	lame of Person)			
JOHN EDGECOMBE,	CDA II C				
JOHN EDGECOMBE,		Firm/Company)			
1728 KINGSLI	EY AVENUE, SUITE 198				
		(Address)			
ORANG	NE DADIC EL 22072				
ORANG	GE PARK, FL 32073 (City/	State and Zip Co	de)	<u> </u>	
For further information cor	ncerning this matter, please of	call:			
JOHN EDGECOMBE		at (_904	278-9200		
(Name of		(Area Co	ode & Daytime Te	lephone Number)	
Enclosed is a check for t	he following amount:			S160.00 Filing Fee,	
	□ \$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co (additional cop	•	Certified Copy (additional copy is enclosed)	巴巴
Registrat Division	r ADDRESS: ion Section of Corporations aines Street		MAILING AN Registration S Division of Co P.O. Box 6327	ection orporations	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JOHN EDGECOMBE, CPA LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1728 KINGSLEY AVENUE, SUITE 198	1728 KINGSLEY AVENUE, SUITE 198
ORANGE PARK, FL 32073	ORANGE PARK, FL 32073
The name and the Florida street address of the re JOHN EDGECOMBE Name 1728 KINGSLEY AVENUE, SU	
Florida street add	ress (P.O. Box NOT acceptable)
ORANGE PARK, FL 32073 City, State, as	FL and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

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" = Manage "MGRM" = Mana		Name and Address:
MGR	_	JOHN EDGECOMBE 1728 KINGSLEY AVENUE, SUITE 198 ORANGE PARK, FL 32073
	_	
	_	
(Use attachment if	fnecessary)	
		added if an effective date is requested.
	Signature of a member or	an authorized representative of a member.
	that the facts stated herei	s an affirmation under the penalties of perjury n are true.) Coge Couloe or printed name of signee
Eiling Foogs		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)