## L04000082379

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
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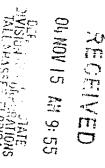
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-· ·	
SUBJECT: M+D JNV. (Name of Limited)	ESTMENT PRO I Liability Company)	PERTIES LLC
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Row Land V	-	
(Name of Person)  VENCIANT'S BUSINESS SERVICES (Firm/Company)		
(F	Firm/Company)	
1125-1 CESERY BLX		
	(Address)	SE SE
For further information concerning this matter, please call:    City/State and Zip Code   City   Code   City   Code   City   Cit		
(City/S	State and Zip Code)	SERVICE STATE
For further information concerning this matter, please call:		
KowLand V. Williams at (904) 744-2439 37 (Area Code & Daytime Telephone Number)		
(Name of Ferson)	(Alea Code & Daytille Te	replicite (valider)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Cortificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	3:
M+D Investm	vent properties 26C
ARTICLE II - Address: The mailing address and street address of the I	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing.Address:
123 EAST SHE STREET	SAME
ARTICLE III - Registered Agent, Registered	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
Rowland V.	Williams REG
Nam	e ART OF T
1125-1 CEKE	KRY BLUD SER 5 E
Florida street a	ddress (P.O. Boy NOT acceptable)
JACKSONVIII	E FL 32211
City, State	, and Zip ラゴ w

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..

Registered Agent's Signature

(CONTINUED)

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:	
MERM	DAMON L. WOOL BRIGHT  123 EAST STA STREET  JACKSON VILLE AC 32206	
MGR	CHRITON M. Williams	
-		
(Use attachment if necessary)	ALC: 4	
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.	
( L. Otta	M. W/Men	

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.)

CARLEON M. Williams
Typed or printed name of signee

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)