L040000 90172

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
	
Special Instructions to Filing Officer:	
	,
	12/4
Office Use Only	TITE



500043202435

12/08/04--01015--011 **130.00

04 DEC -8 PM 3: 30

TRANSMITTAL LETTER

Divis	ion of Corporations					
SUBJECT:	HARRISON	& COMPANY	OF	FLORIDA	, L	.L.C
	•	(Name of Limited Liability	y Compa	iny)	<i>)</i>	
The enclosed.	Articles of Organization	and fee(s) are submitted for	r filing.			

JOHN G. HARRISON
(Name of Person)

Please return all correspondence concerning this matter to the following:

HARRISON & COMPANY
(Firm/Company)

6060 OAKBROOK COURT

PONTE VEDRA BEACH, FL 32082 (City/State and Zip Code) 04 DEC -8 PM 3: 30

For further information concerning this matter, please call:

TOHN HARRISON at (904) 710-7713

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

TO:

Registration Section

\$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

(additional copy is enclosed)

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

HARRISON & COMPANY OF FLORIDA, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Co	ompany	is:
Principal Office Address:	Mailing Address:		
6060 OAKBROOK COURT PONTE VEDRA BEACH, FL	32082 FAME		
Nan <u>6060 OAK</u> E	P.O. Box NOT acceptable)	14 DEC -8 PM 3	

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 Ågent's Signature

City, State, and Zip

(CONTINUED)

The name and address of each Man	ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JOHN G. HARRISON 6060 OAKBROOK COURT PONTE VEDRA BEACH, FL 3208
· · · · · · · · · · · · · · · · · · ·	
· .	
(Use attachment if necessary)	
NOTE: An additional article mus	st be added if an effective date is requested
(In accordance with	mber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury. Therein are true.)
70111	Typed or printed name of signee

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

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)