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2005 JUN -6 P 3:58

(Requestor's Name)

STATE TAYLOR, FLORIDA



200043780612

(Address)

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(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

7005 JAN -6 P 2:58

SUBJECT: Parcel 6, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Darryl J. Tompkins

(Name of Person)

Darryl J. Tompkins, P.A.

(Firm/Company)

Post Office Box 519

(Address)

Alachua, FL 32616

(City/State and Zip Code)

For further information concerning this matter, please call:

Darryl J. Tompkins

(Name of Person)

at (386) 418-1000

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parcel 6, LLC

ARTICLE II - Address:

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

Principal Office Address:

3603 NW 98th Street, Suite C

Gainesville, Florida 32606

Mailing Address:

3603 NW 98th Street, Suite C

Gainesville, Florida 32606

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

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

Steven Miles Kinsell

Name

408 W. University Avenue, Suite 1101

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

Gainesville 32601

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..



Registered Agent's Signature

FILED

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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CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas H. Tonnelier

14110 NW 21st Lane

Gainesville, FL 32606

MGR

James McCauley

9330 SW 46th Place

Gainesville, FL 32608

MGR

Steven Miles Kinsell

408 W. University Ave., Suite 1101

Gainesville, FL 32601

(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.)

STEVEN miles Kinsell

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)