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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 203-0383

From:

Account Name : FRANK H. FEE, III, ESQUIRE  
Account Number : I19990000154  
Phone : (772) 461-5020  
Fax Number : (772) 468-8461

LIMITED LIABILITY COMPANY

AHJ, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

AHJ, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**401 South Indian River Drive  
Fort Pierce, FL 34950**Mailing Address:**401 South Indian River Drive  
Fort Pierce, FL 34950**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

FRANK H. FEE, III, ESQUIRE

Name

401 South Indian River DriveFlorida street address (P.O. Box **NOT** acceptable)Fort Pierce, FL 34950FL

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, F.S.*



Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRFRANK H. FEE, III401 South Indian River DriveFort Pierce, FL 34950\_

(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.)

FRANK H. FEE, III, ESQ., Authorized Representative

Typed or printed name of signer

**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)

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