205000039029

(Requestor's Name)	
(Address)	500050364265
(Address)	00000001200
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/18/0501041014 **1
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: Florida S	icrub Jay Conservancy, LLC	;	
SOBJECT.		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
Darryl E.	. Watson		
-	(1	Name of Person)	
Florida Scrub Jay C			
	(Firm/Company)	75 8
			LECT TO
3821 B Tan	niami Trail #402		FILET AR 18
		(Address)	
			필유 골 디
Port (Charlotte, FL 33952		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
,		State and Zip Code)	PH 1: 59 EFFLORIDA
			×
For further information	concerning this matter, please		
		629-	4562
Darryl E. Watson		at (941)	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate 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)
STRE	EET ADDRESS:	MAILING A	DDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
Florida Scrub Jay Conservancy, LLC	
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
825 Dobell Terrace NW	3821 B Tamiami Trail #402
Port Charlotte, FL 33948	Port Charlotte, FL 33952
The name and the Florida street address o Darryl E. Watson	Name FILE
825 Dobell Terrace NW	
	reet address (P.O. Box NOT acceptable)
Port Charlotte, FL 3394 City,	State, and Zip
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered egent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGRM	Darryl E. Watson	
	825 Dobell Terrace NW Port Charlotte, FL 33948	<u> 5</u> 12
	TAS S	
	THE PR	<u> </u>
	NSSE 18	
(Use attachment if necessary)	ATE SO	7

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of 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.)

Darryl E. Watson

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)