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## **COVER LETTER**

TO:

Registration Section

Division of Co	prporations		
SUBJECT: CORE	DEVELOPMENT SE	RVICES, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
LEE R. JO	HNSON		
<u></u>	(	Name of Person)	
		(Firm Company)	
8579 HUN	ITERS CREEK DR		
00701701	TERO ORLER BIT	(Address)	
JACKSON	NVILLE, FLORIDA	<del></del>	
	(City	-State and Zip Code)	
For further information	concerning this matter, please	call:	
LEE JOHNSON		at ( 904 ) 219-829	0
(Name	of Person)	(Area Code & Daytime 1)	elephone Numberr
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)	S160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahussee, F1, 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
CORE DEVELOPMENT SERVICES, LLC
(Must end with the words "Emitted Liability Company, "Emitted Company" or their abbreviation "ELC" of "ECC")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is

Mailing Address:

25 SOUTH 2ND STREET	
JACKSONVILLE BEACH FL 32250	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Fiability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Principal Office Address:

JOEL SMEENGE	
	Name
25 SOUTH 2ND ST	
Florida s	street address (P.O. Box $\underline{NOT}$ acceptable)
JACKSONVILLE BEAC	CH, FL 32250
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

## 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:
<u>MGR</u>	JOEL SMEENGE 25 SOUTH 2ND STREET JACKSONVILLE BEACH, FL 32250
(Use attachment if necessary)	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date muto or 90 days after the date of filing.)	n the date of filing:
REQUIRED SIGNATURE: Signature of a m	tember of a mauthorized representative of a member.
of this document	oth section 608.408(3). Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)  ON  Typed or named name of signer.

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)