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COVER LETTER

TO:	Registration So Division of Co						
SUBJE	_{ст:} <u>Sydn</u>	ey Carton, LLC					
		(Name of Limite	d Liability Com	pany)			
The end	losed Articles o	f Organization and fee(s) are s	ubmitted for fili	ng.			
Please r	eturn all corresp	ondence concerning this matte	er to the following	ıg:			
1	Maslav	W. Driver					
-	vvcsicy		Name of Person)				
-	···		(Firm/Company)				
	299 Mc	Clain Drive					
4	<u> 200 IVIO</u>	Olalii Diivo	(Address)				
,	Mest M	elbourne, FL	32904				
-	VV COL IV		/State and Zip Co	de)			
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For furt	her information	concerning this matter, please	call:				
Wes	sley W. E	Priver	at (321	<u>536-26</u>	677	•	· ·
		of Person)	(Area Co	ode & Daytime Te	elephone Numbe)	,
Enclose	ed is a check fo	or the following amount:					
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co		S160.00 Certificate Certified C (additional co	of Status Copy	&
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Addres ation Section n of Corporation Building secutive Center ssee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
Sydney Carton, LLC				
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LL	C," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I	Liability Company is:			
Principal Office Address: Mailing Address:	Mailing Address:			
299 McClain Drive West Melbourne, FL 32904 299 McClain Drive West Melbourne, FL 329	04			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ind business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:	***************************************			
Wesley W. Driver				
299 McClain Drive Florida street address (P.O. Box NOT acceptable)				
West Melbourne FL 32904 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..

Registere Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Wesley W. Driver 299 McClain Drive West Melbourne, FL 32904 MGRM Victor B. Driver 546 McVay Road Jackson, AL 36545 MGRM Nancy J. Driver 546 McVay Road Jackson, AL 36545 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

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.)

Wesley W. Driver, Member

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)