| (Requ | uestor's Name) | |
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| (Addr | ess) | |
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| (City/s | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL ' |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: | Registration Se Division of Co | | | |
|---|-----------------------------------|---|--|--|
| SUBJE | ECT: Mizell | Properties (Name of Limited | d Liability Company) | |
| | | · | | |
| The en | closed Articles o | f Organization and fee(s) are su | ubmitted for filing. | |
| Please | return all corresp | ondence concerning this matte | r to the following: | 28 |
| | Jason P. | Mizall | | 2006 JUN 22 PM 2: 05 |
| | Jason . | | Name of Person) | 至 |
| | | | | 22 |
| | | | Firm/Company) | 3 |
| | 45005.5 | | | 2: (|
| | 45095 D | orman Place | (4.11 - 2) | 5 |
| | | | (Address) | |
| | Callahan | i, FL. 32011 | | |
| | | (City) | /State and Zip Code) | |
| For fur | ther information | concerning this matter, please | call: | |
| 1 | na D. Minat | 11 | 004 062 42 | .e. |
| Jason P. Mizell at (904) 962-1263 (Name of Person) (Area Code & Daytime Telephone Numb | | | | |
| | , | | , | • |
| Enclos | sed is a check for | or the following amount: | | |
| ₽ \$125 | 5.00 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) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ons r Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Mizell Properties, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Com | mited Company" or their abbreviation "LLC," or "L.C.,") | |
|--|---|---------|
| ARTICLE II - Address: | | |
| The mailing address and street address of the | principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 45095 Dorman Place Callahan, FL. 32011 | 45095 Dorman Place Callahan FL. 32011 | |
| (The Limited Liability Company cannot serve as its own Repulsioness entity with an active Florida registration.) The name and the Florida street address of the Jason P. Mizell Name of Mizell Name of Mizell Florida street active Florida street active Florida street active Callahan, FL 32011 | V22. PM | 7 = 7 D |

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: | Name and Address: | |
|---|--|--------|
| "MGR" = Manager "MGRM" = Managing M | mber | |
| MGR | Jason P. Mizell | |
| | 45095 Dorman Place | |
| | Callahan, FL. 32011 | |
| MGRM | Trina M. Mizell | |
| | 45095 Dorman Place | |
| | Callahan, FL. 32011 | |
| | 2006 | ? |
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| (Use attachment if neces | л у) | |
| ADTICI E V. Effective data if a | ner than the date of filing: (OPTIONAL) | |
| ARTICLE V. Enecuve date, it (Af an effective date is listed, the | ate must be specific and cannot be more than five business days p | rior |
| to or 90 days after the date of fil | | |
| to or you days area. the date of his | 15" | |
| | | |
| <u>REQUIRED</u> SIGNATU | te: | |
| | March | |
| | | |
| Signatu | of a member or an authorized representative of a member. | |
| | / | |
| (In acod | lance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury | |
| that th | Courte state of the courte same taken to the courtest of the c | |
| | Tacts stated never are true. Jason Mixell | |
| | 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)