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| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e#)         |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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SUFFICIENCY OF FILING

DEPARTMENT OF STATE O

### COVER LETTER

| TO: Registration Division of C |   |  | •  |
|--------------------------------|---|--|--|
| SUBJECT: 109                   | W. Fourth Ave., 1                         |  |  |
|                                | (Name of Limite                           | ed Liability Company)                      |  |
|                                |   |  |  |
| The enclosed Articles          | of Organization and fee(s) are s          | submitted for filing.                      |  |
| Please return all corre        | spondence concerning this matt            | er to the following:                       |  |
|                                |   |  |  |
| James                          | W. Anderson                               |  |  |
|                                |   | (Name of Person)                           |  |
|                                |   |  |  |
| Savlov                         | & Anderson                                |  |  |
|                                |   | (Firm/Company)                             |  |
| T 0 T                          | 970                                       |  |  |
| <u> </u>                       | rawer 870                                 | (Address)                                  | <u> </u>   |
|                                |   | (Address)                                  |  |
| Tallah                         | assee, FL 32302                           | <del>-</del> · -                           |  |
| 1011411                        |   | //State and Zip Code)                      | <u> </u>   |
|                                | ` '                                       | • ,  |  |
| For further information        | n concerning this matter, please          | rall                                       |  |
| TOT TARACT MITOTIMATIO         | n convening this matter, prease           | Can.                                       |  |
| Jämes                          | W. Anderson                               | nt/ 850 \ 222-388                          | 36   |
| (Nan                           | ne of Person)                             | (Area Code & Daytime T                     | elephone Number)                                   |
|                                |   |  |  |
| Enclosed is a check            | for the following amount:                 |  |  |
| <u></u> -                      | <del>-</del>                              |  | —  |
| \$125.00 Filing Fee            | Certificate of Status                     | \$155.00 Filing Fee & Certified Copy       | x  \$160.00 Filing Fee,<br>Certificate of Status & |
|                                | Certificate of Status                     | (additional copy is enclosed)              | Certified Copy                                     |
|                                |   | (  | (additional copy is enclosed)                      |
|                                |   |  |  |
|                                | Mailing Address                           | Street/Courier Addres                      | <b>18</b>  |
|                                | Registration Section                      | Registration Section                       |  |
|                                | Division of Corporations<br>P.O. Box 6327 | Division of Corporatio<br>Clifton Building | ers .  |
|                                | Tallahassee, FL 32314                     | 2661 Executive Center                      |  |
|                                |   | Tallahassee, FL 32301                      |  |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Δ | RT | TOT | æ.  | T | _ N | ame  |
|---|----|-----|-----|---|-----|------|
| ~ |    |     | 31. |   | - 1 | aut. |

The name of the Limited Liability Company is:

109 W. Fourth Ave., LLC

(Must end with the words "Limited Liability Company, "Limited 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: P.O. Drawer 870 Tallahassee, FL 32303 Tallahassee, FL 32302 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability 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:

Name

109 W. Fourth Ave.

Florida street address (P.Ö. Box NOT acceptable)

Tallahassee FL 32303

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):

\* 2 20 4

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

| "MGR" = Managing Member    MGR   | "MGR" = Manager  |  |
|--|--|--|
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  |  |  |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  | "MGRM" = Managing Member   |  |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  |  |  |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONA effective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.)  REQUIRED SIGNATURE:  (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.) | MGR  | · · · · · · · · · · · · · · · · · · ·  |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  |  |  |
| CLE V: Effective date, if other than the date of filing:   |  | Tallahassee, FL 32303  |
| CLE V: Effective date, if other than the date of filing:   |  |  |
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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)