

**L07000085002**Florida Department of State  
Division of Corporations  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

APYB, LLC

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **APYB MANAGEMENT, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company are:  
**4446-1A HENDRICKS AVENUE, SUITE 368, JACKSONVILLE, FLORIDA 32207**

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

**F & L CORP.**  
Name  
**ONE INDEPENDENT DRIVE, SUITE 1300**  
Florida street address (P.O. Box **NOT**  
acceptable)  
**JACKSONVILLE, FL 32202-5017**  
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 completed 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.*

**F & L CORP.**

By: *Charles V. Hedrick*  
Charles V. Hedrick, Authorized Signatory

*Charles V. Hedrick*  
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.)

**Charles V. Hedrick, Authorized Representative**  
Typed or printed name of signer

**FILING FEES:**

**\$100.00 Filing Fee for Articles of Organization**  
**\$25.00 Designation of Registered Agent**  
**\$30.00 Certified Copy (OPTIONAL)**  
**\$5.00 Certificate of Status (OPTIONAL)**

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