

**L07000090743**

Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850)206-0383

From:  
Account Name : A 1/A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800)494-3124  
Fax Number : (305)875-2811

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Johnson, Garrison and Garrett, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
Johnson, Garrison and Garrett, LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

443 Hamptoncrest Circle, #103  
Lake Mary Florida 32746

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY, FL 32351

Having been named as registered agent 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..



A1A REGISTERED AGENT INC. Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager-Managed Company.

**ARTICLE V MEMBERS (optional)**

**MANAGER**

Robert Johnson  
455 Birkdale Drive  
Fayetteville Georgia 30215

**MANAGER**

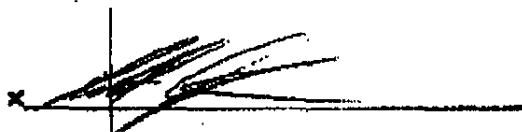
Debra Johnson  
455 Birkdale Drive  
Fayetteville Georgia 30215

**MANAGER**

DeCarlos Garrison  
2864 W. Huron Drive  
Deltona Florida 32738

**MANAGER**

Michael Garrett  
3172 Canby Drive  
Deltona Florida 32738



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.

NAME OF SIGNER Robert Johnson

Typed or printed name of signee

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