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SECRETARY OF STATE
DIVISION OF CORPORATIONS

# **COVER LETTER**

TO: Registration Section Division of Corpor		r	
SUBJECT:	Name of Limited	SON Renova	tion
The enclosed Articles of Org	anization and fee(s) are su	abmitted for filing.	
Please return all corresponde	Sackson	Stevens	
And	rew Jack	Name of Person)  Son Renova  Firm/Company)	tion
8507	Trade h	linds Dr.	
Port	St Joe	(Address) 32,45 State and Zip Code)	6
For further information conce			DG/ G Dhone Number)
Enclosed is a check for the \$\square\$\$ \$125.00 Filing Fee	_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ro Di P.	ailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CL	E I	- N	lame	

The name of the Limited Liability Company is:

Andrew Jackson Benovation L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

rincipal Office Address:	<u>Mailing Address:</u>
3507 Trade Winds Dr.	8507 Trade Winds Dr
Port St Toe Fl	Port 3t Joe Fl
32456	32456

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

8507 Trade Winds Dr.

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

Port 5t Soe FL 32456

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):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	<b>,</b> ,
MGRM	andrew Jackson Stevens
L.	8507 Trade Vinds Dr.
	PORT J. SUE F1. 32956
	·
	-STREET SOLVE
(Use attachment if nagagaam)	
(Use attachment if necessary)  CLE V: Effective date, if other than the	11. 21-07
CLE V: Effective date, if other than the	date of filing: // O/ / (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: \( \frac{1}{\sqrt{1}} \) \( \frac{1

# **REQUIRED SIGNATURE:**

Signature of a metaber 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.)

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)

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