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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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2008 FEB 18 PM 1:58 SECRETARY OF STATE

T. CLINE

FEB 19 2008

**EXAMINER** 

EFFECTIVE DATE

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: AddW	eb LLC				
	(Name of Limit	ted Liability Con	npany)		
The enclosed Articles o	f Organization and fee(s) are	submitted for fil	ling.		
Please return all corresp	ondence concerning this mat	tter to the follow	ing:		
Daniel P. I	Dudley		·		<u>.</u> _
		(Name of Person)	1		
Dailin LLC	>				
		(Firm/Company)			
11476 Pin	e Street				
		(Address)			
Jacksonvi	lle, FL 32258				
	(Ci	ty/State and Zip C	ode)		<del></del>
For further information	concerning this matter, pleas	e call:			
Dan Dudley		at (_ 904	, 613-0	737	
(Name	of Person)		Code & Daytime	Telephone Number)	2000
Enclosed is a check for	or the following amount:			RET	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified (additional c	•	(additional copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Cliftor 2661 I	Courier Addiration Section on of Corporate Building Executive Cen assee, FL 3230	tions ter Circle	œ 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:	
ability Company, "L.L.C.," or "LLC.")	
principal office of the Limited	Liability Company is:
Mailing Address:	
11476 Pine Street	
Jacksonville, FL 32258	
red Office, & Registered Agen registered Agent. You must designate an ince re registered agent are:  me  address (P.O. Box NOT acceptable)  FL 32258	
to accept service of process for the in this certificate, I hereby accept city. I further agree to comply we performance of my duties, and I registered agent as provided for in the interior (REQUIRED)	t the appointment as tith the provisions of all am familiar with and
	principal office of the Limited  Mailing Address:  11476 Pine Street Jacksonville, FL 32258  red Office, & Registered Agen gistered Agent. You must designate an ince re registered agent are:  ne  address (P.O. Box NOT acceptable) FL 32258  e, and Zip  to accept service of process for the other certificate, I hereby acceptable in this certificate, I hereby acceptate ity. I further agree to comply we performance of my duties, and I gistered agent as provided for in

(CONTINUED) Page 1 of 2

CFFECTIVE DATE

## 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" = Man "MGRM" = M	ager anaging Member	Name and Address:		
MGRM		Nate Burke		
		1227 Eutaw Place	<del></del>	
		Jacksonville, FL 32207		
MGRM		Guy Patterson		
	<del></del>	9191 RG Skinner Parkway Suite 303		
		Jacksonville, FL 32256		
MGRM		Daniel P Dudley		
		11476 Pine Street		
		Jacksonville, FL 32258		
(Lise attachma	nt if necessary)			
	e date, if other than the listed, the date must b	e date of filing: 3/1/2008  specific and cannot be more than five t	. (OPTIONA business day	•
CLE V: Effective	ve date, if other than the listed, the date must b date of filing.)		•	,
CLE V: Effective date is 00 days after the	e date, if other than the listed, the date must be date of filing.)  SIGNATURE:		business day	s prior
CLE V: Effective date is 00 days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with se	er or an authorized representative of a member	SECH TALLA	s prior
CLE V: Effective date is 00 days after the	Signature of a member of this document const that the facts stated h	er or afracthorized representative of a member excition 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjuriherein are true.)	SEC TALL	ECTIVAL DESIGNATION OF THE PROPERTY OF THE PRO
CLE V: Effective date is 00 days after the	Signature of a member of this document const that the facts stated in Daniel P Dud	er or afracthorized representative of a member excition 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjuriherein are true.)	SECRETARY TALLAHASSE	ACTIVACE ACT
CLE V: Effective date is 00 days after the	Signature of a member of this document const that the facts stated F. Daniel P Dud	er or an authorized representative of a member action 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjuriherein are true.)	SECRETARY TALLAHASSE	s prior

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)