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SECRETARY OF STATE

COVER.LETTER

	egistration Se ivision of Co		~	
SUBJECT	North F	Florida Customs		
	•	(Name of Limi	ted Liability Company)	
The enclos	ed Articles of	Organization and fee(s) are	submitted for filing.	
Please retu	rn all correspo	ondence concerning this ma	tter to the following:	
Br	idget C.	Hill		
-			(Name of Person)	
			(Firm/Company)	
0.0	.40.1		(Firm/Company)	
33	346 Ivybr	idge Court	(Address)	
la	okoonvil	lo El 22226	(13333)	
	ICKSOTIVII	le, FL 32226 (Ci	ty/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further	information c	oncerning this matter, pleas	e call:	
Bridge	t Hill		at (904) 502-45	590
	(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed i	is a check for	the following amount:		
\$125.00 1	Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addra Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabilit	ty Company is:	
North Florida Customs L	LLC.	
(Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
3346 lvybridge Court lacksonville, Fl 32226	3346 lvybridge Court Jacksonville, FI 32226	
ARTICLE III - Registered Age The Limited Liability Company cannot ser business entity with an active Florida regis	ent, Registered Office, & Registered Agent's Serve as its own Registered Agent. You must designate an individustration.)	Signature: 08 OCT
The name and the Florida street a	address of the registered agent are:	TAR ASS
Bridget C.	. Hill	THE BETT
	Name	FIST III
	ridge Court	AMII: 07 OF STATE
	Florida street address (P.O. Box <u>NOT</u> acceptable)	D
Jacksonvi	ille FL 3226	
	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 (REOUIRED

(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	er
MGR	Bridget C. Hill
	3346 lvybridge Court
	Jacksonville, FI 32226
(Use attachment if necessary)	
CLE V: Effective date, if other to	han the date of filing: (OPTIONAL)
ffective date is listed, the date	must be specific and cannot be more than five business days p
0 days after the date of filing.)	
	SEC SEC
REQUIRED SIGNATURE:	AHA AHA
Ri	do at Cillian Services
Signature of a	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution and constitutes an affirmation under the penalties of perium.
	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury

Filing Fees:

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

Bridget C. Hill

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee