

L09000056715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

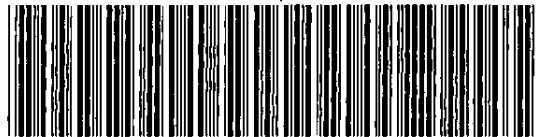
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200156744252

06/10/09--01026--005 **125.00

FILED
09 JUN 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 11 2009

EXAMINER

LAW OFFICE

CARPENTER & ROSCOW, P.A.

5608 NW 43rd STREET
GAINESVILLE, FLORIDA 32653-8334

TELEPHONE
(352) 373-7788
FACSIMILE
(352) 373-1114

RONALD A. CARPENTER
rcarpenter@raclaw.net

JOHN F. ROSCOW, IV
roscow@raclaw.net

June 9, 2009

Corporate Records Bureau
Division of Corporations, Department of State
P.O. Box 6327
Tallahassee, FL 32314

FILED
09 JUN 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Johnston & Johnston Development, LLC

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization for Johnston & Johnston Development, LLC. Please file the original Articles and return a copy to me as filed. I am enclosing this firm's check in the amount of \$125.00 representing the following:

Filing Fee	\$100.00
Designation of Resident Agent	<u>25.00</u>
TOTAL	\$125.00

Sincerely,



Suzanne Baldwin, Legal Assistant to
John F. Roscow, IV

Enclosures

FILED
09 JUN 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
JOHNSTON & JOHNSTON DEVELOPMENT, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, *F.S. Chapter 608*, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be JOHNSTON & JOHNSTON DEVELOPMENT, LLC ("Company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the company are as follows:

Mailing Address:

1915 NW 13th Street
Gainesville, FL 32609

Street Address:

1915 NW 13th Street
Gainesville, FL 32609

ARTICLE III -- DURATION

The company's existence shall be perpetual or until the company is dissolved earlier as provided in these Articles of Organization or in the Regulations.

**ARTICLE IV -- REGISTERED AGENT, REGISTERED OFFICE AND
RESIDENT AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the State of Florida is as follows:

David Johnston
1915 NW 13th Street
Gainesville, FL 32609

FILED

09 JUN 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as the 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 of registered agent as provided in F.S. Chapter 608.


David Johnston - Registered Agent

ARTICLE V -- MANAGEMENT

The company shall be managed by the members, DAVID JOHNSTON and SAMUEL JOHNSTON, IV, in accordance with Regulations adopted or to be adopted by the members for the management of the business and affairs of the company.

ARTICLE VI -- EFFECTIVE DATE

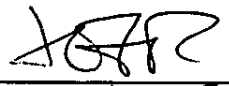
The effective date for the commencement of this Limited Liability Company shall be the date of execution of these Articles of Organization.

ARTICLE VII -- ELECTION

The members of this Limited Liability Company accept the default tax classification as a partnership unless otherwise agreed to in writing.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Gainesville, Florida, on this ____ day of June, 2009.

Signed, sealed and delivered
in our presence as witnesses:


Printed name John F. Roscow IV


DAVID JOHNSTON


Printed name Suzanne Baldwin

STATE OF FLORIDA
COUNTY OF ALACHUA

SWORN TO and subscribed before me this 9th day of June, 2009, by
DAVID JOHNSTON, who ☒ is personally known to me or ☐ has produced
_____ as identification.



Notary Public, State of Florida

John F. Roscow, IV



MY COMMISSION # DD 648897

June 3, 2011

BONDED THRU TROY FAIR INSURANCE, INC.

Name of Notary Printed/Stamped With
Date of Expiration of Commission

FILED

09 JUN 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA