

L100000001732

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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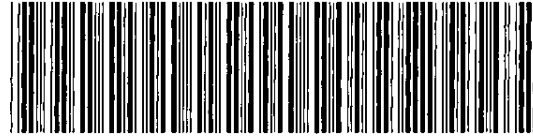
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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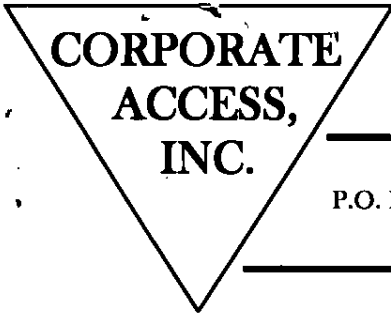
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DEPARTMENT OF STATE  
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## WALK IN

PICK UP:

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EFFECTIVE DATE 1/4/2010

LLC

1. LSOHN Holdings, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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\_\_\_\_\_

EFFECTIVE DATE 1/4/2010

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ARTICLES OF ORGANIZATION FOR  
LJOHN HOLDINGS, LLC,  
a Florida limited liability company

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. The effective date for the formation of this limited liability company is 1/4/10

ARTICLE I - NAME

The name of this limited liability company shall be "LJOHN HOLDINGS, LLC"

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 165 Turnberry Avenue, New Smyrna Beach, Florida 32168.

ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by one or more Managers, and is, therefore, a Manager managed company. The initial Managers are Howard Littlejohn, Julia M. Littlejohn and James H. Littlejohn.

ARTICLE IV - PURPOSE

Th purpose of this limited liability company is to invest and reinvest its capital for security, growth, income and any other investment and business purposes.

ARTICLE V

REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE


The name and Florida street address of the registered agent is HOWARD LITTLEJOHN located at 165 Turnberry Avenue, New Smyrna Beach, Florida 32168. 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..

Dated \_\_\_\_\_.

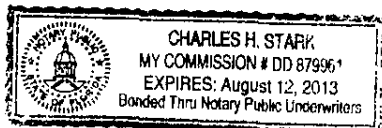
  
Howard Littlejohn, Manager and Registered Agent

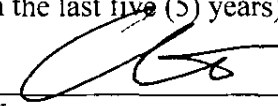
  
Julia M. Littlejohn, Manager

  
James H. Littlejohn, Manager

STATE OF FLORIDA  
COUNTY OF VOLUSIA

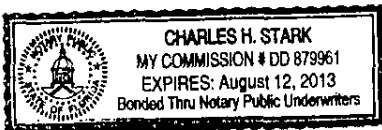
The foregoing Articles of Organization were acknowledged before me on 1/4/10, by HOWARD LITTLEJOHN and JULIA M. LITTLEJOHN. Said persons did not take an oath and (check one) ☐ are personally known to me or ☒ produced a valid drivers license (issued by a state of the United States within the last five (5) years) as identification.




  
Print Name: \_\_\_\_\_  
Notary Public - State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing Articles of Organization were acknowledged before me on 1/4/10, by JAMES H. LITTLEJOHN. Said person did not take an oath and (check one) ☐ is personally known to me or ☒ produced a valid drivers license (issued by a state of the United States within the last five (5) years) as identification.



  
Print Name: \_\_\_\_\_  
Notary Public - State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_