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L. SELLERS

JUN 17 2010

EXAMINER

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06/15/10--01007--016 **130.00

SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT: Mercer	- Goodrich, LLC		
		Name of Limit	ed Liability Company	
The end	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	Jay Goodrich			
	Jay Goodhen		Name of Person	
	Mercer - Goo	drich. LLC		
			Firm/Company	
	1208 20th Str	eet N		
·			Address	
	Jacksonville E	Beach, FL 32250		
		Cit	y/State and Zip Code	
ي	jaygoodrich1@		for future annual report notification)	
For fur	ther information	concerning this matter, please		
Jay G	oodrich		at (678) 591-6279	
		of Person	Area Code & Daytime Telep	phone Number
Enclos	sed is a check fo	or the following amount:		
□ \$125.	00 Filing Fee	②\$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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

AUTICEES OF ORIGINALIZATION	ON FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability C	Company is:
Mercer - Goodrich, LLC	
	"Limited Liability Company, "L.L.C.," or "LLC.")
ADTICLE II. Address	
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1208 20th Street N	1208 20th Street N
Jacksonville Beach, FL 32250	Jacksonville Beach, FL 32250
	
The name and the Florida street add Jeffery D. Good	drich
	Name
7806 Kessler F	Ridge PI
Flo	orida street address (P.O. Box NOT acceptable)
Jacksonville	FL 32256
	City, State, and Zip
liability company at the place des registered agent and agree to act in statutes relating to the proper and accept the obligations of my post	gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ition as registered agent as provided for in Chapter 608, F.S
Registered A	Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

W JUN 15 PH 3: 23

AFGRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manag		Name and Address:	
MGRM		Mark W. Mercer	
	_	1030 Sallie's View	
		Greensbora, GA 30642	
MGRM		Jay S. Goodrich	
		1208 20th St N	
		Jacksonville Beach, FL 32250	
			
			
(Use attachment	if necessary)		
	date, if other than the sted, the date must be ate of filing.)	date of filing: (Ole specific and cannot be more than five busing	
LE V: Effective fective date is lis days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE:		
LE V: Effective fective date is lis days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member.	
LE V: Effective fective date is lis days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitution of the second state of this document constitution.	r or an authorized representative of a member.	

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

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