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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Filing Officer:

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# COVER LETTER

TO:

Registration Section

Division of Corp	orations			
<sub>SUBJECT:</sub> EdMay	Properties, LLC			
	Name of Limite	d Liability Compa	iny	
The enclosed Articles of C	Organization and fee(s) are so	ubmitted for filing	<b>ζ</b> ,	
Please return all correspon	dence concerning this matte	er to the following	:	
Kristin M. I	Mayfield			
,		Name of Person		
EdMay Pro	perties, LLC			
<u></u>		Firm/Company		
2318 Cante	er Court			
		Address		
Tallahassee,	FL 32308			
	City	State and Zip Code		
Mayfieldhvac	_			
	E-mail address: (to be used fo	r future annual repo	rt notification)	
For further information co.	ncerning this matter, please	call:		
Kristin M. Mayfield		at ( 850	766-5733	
Name of		Area Code	& Daytime Tele	phone Number
Enclosed is a check for the \$125.00 Filing Fee	the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$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	Registration Division C Clifton Bo 2661 Exe	ourier Address on Section of Corporations uilding cutive Center C ee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

# EdMay Properties, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2318 Canter Court	2318 Canter Court
Tallahassee, FL 32308	Tallahassee, FL 32308

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kristin M. Mayfield	I
	Name
2318 Canter 0	Court
Florida str	eet address (P.O. Box NOT acceptable)
Tallahassee	<sub>FL</sub> 32308
C	ity, 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 (REQUIRED)

(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:

MGMR	Jonathan L. Mayfield
	2318 Canter Court
	Tallahassee, FL 32308
MGMR	Charles M. Eddy
	6737 Alan-A-Dale Trail
	Tallahassee, FL 32309
MGMR	Vicki L. Eddy
	6737 Alan-A-Dale Trail
	Tallahassee, FL 32309
Use attachment if necessary)	
.E.V: Effective date, if other than	n the date of filing: 072711

SIGNATURE.

Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jonathan L. Mayfield

Typed or printed name of signee

#### Filing Fees:

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

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