

L11000097369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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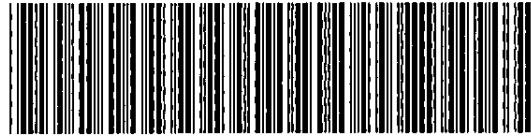
(Business Entity Name)

(Document Number)

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

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11 AUG 24 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
11 AUG 24 PM 4:06  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

N. Culligan AUG 24 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAZE FORD HOLDINGS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOIS SHIPP  
Name of Person

Firm/Company

8942 6TH AVE  
Address

JACKSONVILLE, FL 32208  
City/State and Zip Code

LJACOBS@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENNIS LEW JACOBS at ( 850 ) 222-1246  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION OF  
MAZE FORD HOLDINGS, LLC**

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TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is **Maze Ford Holdings, LLC**:

**ARTICLE II — Address:**

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

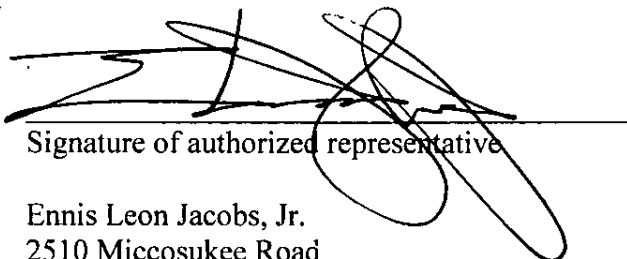
8942 6th Avenue  
Jacksonville, Florida 32208

**ARTICLE III — Registered Agent and Registered Office**

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

Ennis Leon Jacobs, Jr.  
2510 Miccosukee Road  
Suite 104  
Tallahassee, Florida 32308

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the members and acknowledged them to be my act this 24<sup>th</sup> day of August, 2011.

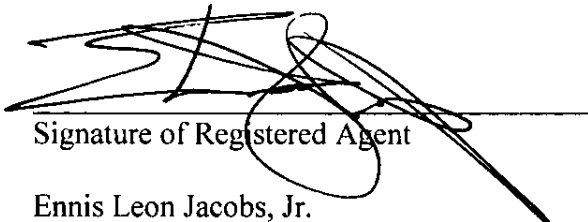


Signature of authorized representative

Ennis Leon Jacobs, Jr.  
2510 Miccosukee Road  
Suite 104  
Tallahassee, Florida 32308

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.



Signature of Registered Agent

Ennis Leon Jacobs, Jr.  
2510 Miccosukee Road  
Suite 104  
Tallahassee, Florida 32308

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