## L12000017543

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EXAMINER



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02/03/12--01010--029 \*\*125.00

12 FEB -3 AHII: 15

EFFECTIVE DATE 2 1/2012

## COVER LETTER.

TO: Registration Sec Division of Corp		·	DATE 2/1/201
SUBJECT:	Eric Di	etz_	EFFECTIVE DATE 2     201
	Organization and fee(s) are submindence concerning this matter to  Enc Di  Nam  Evic Di  Firm	the following:  C+Z  The of Person  C+Z  The of Company	12 FEB-3 MILL: 15
Jac	Kson ville City/Stat	e and Zip Code OEUSOU-	th.net
For further information co	encerning this matter, please call.  Person  at (	904, 38	36-6075 me Telephone Number
Enclosed is a check for \$\\\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Section Division of Corportion Building 2661 Executive Control Tallahassee, FL 3	on  Orations  Center Circle

•	EFFECTIVE DATE 2 112017
ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	2 FEB -3
Eric Dietz  (Must end with the words "Limited Liabilis	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4833 River Point Rd. Jauksonville, FL 32207	4833 River Point Rd. Jacksonville, FL 32207
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Charles G. 1	Eichhorn, Jr.

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..

acksonville FL 32202 City, State, and Zip

Independent Dr., Ste. 1650
Florida street address (P.O. Box NOT acceptable)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	Eric Dietz 4833 River Point Rd. Jacksonville, FL 32207	
<del> </del>		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: 2/1/12. (OPTIONAL) ecific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		
Signature of a member or an authorized representative of a member.		
constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)	
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)