

LI200038068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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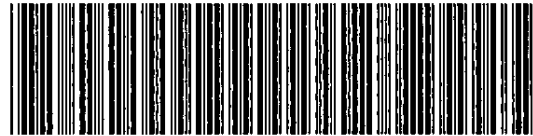
(Business Entity Name)

(Document Number)

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

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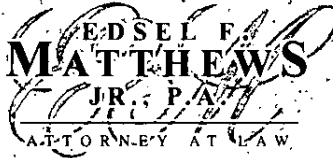
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 19 2012

EXAMINER

PHONE • 850-432-1300  
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REAL ESTATE DEPARTMENT  
850-435-1008

308 SOUTH JEFFERSON STREET • PENSACOLA, FLORIDA 32502 • E-MAIL: efmlaw@bellsouth.net

March 14, 2012

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Articles of Organization for 390 Selina Street, LLC

Dear Sir or Madame:

Enclosed please find an original and one copy of the Articles of Organization for the above-referenced limited liability company. Also enclosed please find a check in the amount of \$155.00 to cover the filing fees. Please return a certified copy of the Articles to our office after filing.

Should you have any questions or need any additional information, please do not hesitate to contact our office.

Sincerely,

Kimberly A. Shipman  
Legal Assistant to  
Edsel F. Matthews, Jr.

/kas

Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**390 SELINA STREET, LLC**

Filed by:

Edsel F. Matthews, Jr., Esq.  
308 South Jefferson Street  
Pensacola, Florida 32502

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

390 SELINA STREET, LLC

The undersigned, being a natural person of at least 18 years of age and acting as the Organizer of the Limited Liability Company hereby being formed under the Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

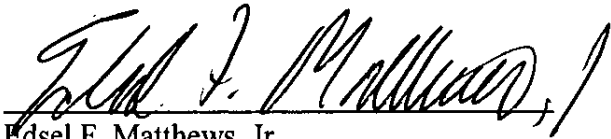
390 Selina Street, LLC

SECOND: The term of existence of the Limited Liability Company shall be perpetual.

THIRD: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Chapter 608 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 308 South Jefferson Street, Pensacola, Florida 32502, and the name of the initial registered agent of the Limited Liability Company to whom process may be sent in Florida at that address is Edsel F. Matthews, 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.

  
Edsel F. Matthews, Jr.

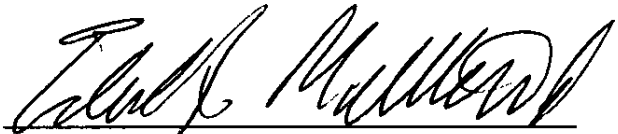
FIFTH: The mailing address and principal office of the Limited Liability Company is 390 Selina Street, Pensacola, Florida 32503.

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SIXTH: The Limited Liability Company is to be managed by a Managing Member. The name and address of the initial Managing Member is: Hewes and Company, LLC, 390 Selina Street, Pensacola, Florida 32503.

SEVENTH: The name and business address of the Organizer of the Limited Liability Company are: Edsel F. Matthews, Jr., 308 South Jefferson Street, Pensacola, Florida 32502.

IN WITNESS WHEREOF, the undersigned has executed and acknowledged these Articles of Organization on March 14, 2012.



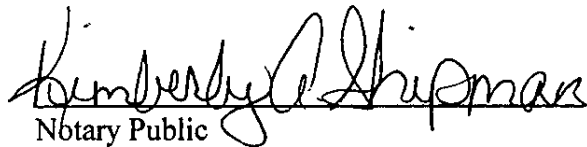
Edsel F. Matthews, Jr.  
Organizer

STATE OF FLORIDA, COUNTY OF ESCAMBIA, ss.

March, 2012, The foregoing instrument was acknowledged before me on the 14<sup>th</sup> day of \_\_\_\_\_, 2012, by Edsel F. Matthews, Jr.



KIMBERLY A. SHIPMAN  
MY COMMISSION # EE 157674  
EXPIRES: January 25, 2016  
Bonded Thru Budget Notary Services



Notary Public  
My commission expires on \_\_\_\_\_

Personally Known ☒ OR Produced Identification \_\_\_\_\_

Type of Identification Produced: ☐ Passport ☐ State Driver's License

☐ Other:

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