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(Re	questor's Name)	
· ·	,	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(100	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER *

	gistration Section vision of Corporations	
SUBJECT:	Colmerica Exports, LL	С
Sobole:		ed Liability Company
The enclose	d Articles of Organization and fee(s) are	submitted for filing.
Please return	n all correspondence concerning this mat	ter to the following:
Ja	mes M. Davis	·
		Name of Person
4-i	Davis, Inc.	
		Firm/Company
_27	00 Liberty Lane	
		Address
Jac	ksonville Beach, FL 3225	0
		ty/State and Zip Code
jeffo	davis@bellsouth.net	for future annual report notification)
	·	
For further i	nformation concerning this matter, pleas	e call:
James N	И. Davis	at (321) 356-8380
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	s a check for the following amount:	
√ \$125.00 Fili	ng Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
Colmerica Exports, LLC		
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
2700 Liberty Lane	P.O. Box 1491	
Jacksonville Beach	Carolina Beach	
Florida 32250	North Carolina 28428	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of James M. Davis	n Registered Agent. You must designate an indi	
		ASE N
	Name	· · · · · · · · · · · · · · · · · · ·
2700 Liberty L	ane	PHIZ: OI OF STATE E, FLORID
Florida str	eet address (P.O. Box NOT acceptable)	82 %
Jacksonville Read	h 32250	8 9

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

"NAC-R" = Nanager	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er
MGRM	Jeffrey T. Davis
	P.O. Box 1491
	Carolina Beach, North Carolina 28428
MGR	Dora L. Davis
	P.O. Box 1491
	Carolina Beach, North Carolina 28428
(Use attachment if necessary)	
CLE V: Effective date, if other t	than the date of filing: (OPTIONA must be specific and cannot be more than five business day
CLE V: Effective date, if other the fective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business day
CLE V: Effective date, if other to the ffective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: (In accordance with seconstitutes an affirmat I am aware that any fails.)	must be specific and cannot be more than five business day
CLE V: Effective date, if other to the ffective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: (In accordance with seconstitutes an affirmat I am aware that any fails.)	demper or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true is information submitted in a document to the Department obstale ree felony as provided for in s.817.155, F.S.)

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)