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(Requestor's Name)

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(City/State/Zip/Phone #)

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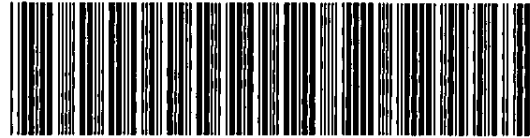
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EXAMINER



DONAHOO & MCMENAMY, P.A.  
245 RIVERSIDE AVENUE, SUITE 450  
JACKSONVILLE, FL 32202  
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October 12, 2012

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Matanzas, LLC**  
**Our File Reference: 10833.002**

Dear Madam or Sir:

I am sending the following for your further handling with regard to the above referenced LLC.

1. Articles of Organization for Matanzas, LLC
2. Check in the amount of \$125.00.

Thank you for your assistance with this matter and if you should have any questions, please feel free to give me a call.

Sincerely,

Emily K. Dillow

EKD/tbw  
Enclosures

THOMAS M. DONAHOO  
WILLIAM B. MCMENAMY  
THOMAS M. DONAHOO, JR.  
EMILY K. DILLOW  
JOHN W. DONAHOO  
(1907-1993)

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**ARTICLES OF ORGANIZATION**

**FOR**

**MATANZAS, LLC**

The undersigned authorized representative hereby executes these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE 1. NAME**

The name of this limited liability company is MATANZAS, LLC.

**ARTICLE 2. ADDRESSES**

The mailing address and the street address of the principal office of the limited liability company is 6205 Spring Forest Circle, Jacksonville, Florida 32216.

**ARTICLE 3 - REGISTERED AGENT,**

**REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Emily K. Dillow  
Donahoo & McMenamy, P.A.  
245 Riverside Avenue, Suite 450  
Jacksonville, Florida 32202

*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, Florida Statutes*

  
\_\_\_\_\_  
Registered Agent's Signature

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#### **ARTICLE 4. DURATION**

This limited liability company is to exist perpetually.

#### **ARTICLE 5. PURPOSE**

This limited liability company is organized for the purpose of transacting any and all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as amended.

#### **ARTICLE 6. MEMBERS**

The members of this limited liability company are:

##### **NAME**

##### **ADDRESS**

Earl William Frick, Jr. and Darby Lynn  
Frick, Co-Trustees of The Frick Family  
Trust

6205 Spring Forest Circle  
Jacksonville, FL 32216

#### **ARTICLE 7. MANAGEMENT**

This limited liability company is to be managed by the members and the names and addresses of the managing members are:

##### **NAME**

##### **ADDRESS**

Earl William Frick, Jr. and Darby Lynn  
Frick, Co-Trustees of The Frick Family  
Trust

6205 Spring Forest Circle  
Jacksonville, FL 32216

#### **ARTICLE 8. ADMISSION OF ADDITIONAL MEMBERS**

No person may be admitted as an additional member of this limited liability company unless all current members consent in writing to the admission of the additional member.

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IN WITNESS WHEREOF, I, the undersigned authorized representative, have hereunto set my hand and seal this 10<sup>th</sup> day of October, 2012, for the purpose of forming this limited liability company under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Organization and certify that the facts herein stated are true.

Emily K Dillow  
EMILY K. DILLOW, Authorized  
Representative

STATE OF FLORIDA  
COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to me by EMILY K. DILLOW, who is (☒) personally known to me or ( ) has produced \_\_\_\_\_ as identification, this 10<sup>th</sup> day October, 2012.

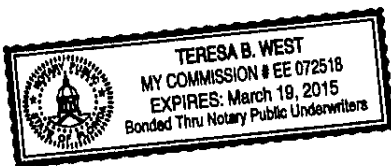
Teresa B. West  
Notary Public, State of  
Florida at Large

(Teresa B. West)

Print name below signature

My Commission Expires:

My Commission Number:



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