

LB000089854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

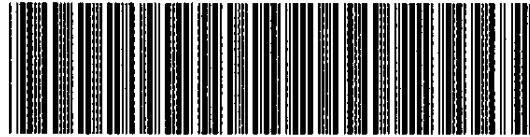
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/12/13--01004--024 **750.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2013
D. BUTLER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6408 Shortleaf, 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:

Terence L. Danzie

Name of Person

N/A

Firm/Company

P.O. Box 12124

Address

Jacksonville, FL 32209

City/State and Zip Code

Trencetvisa@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terence L. Danzie

Name of Person

at (**904**) **307-3400**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

6408 SHORTLEAF LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2731 Eventide Dr.

Jacksonville, FL 32209

Mailing Address:

P.O. Box 12124

Jacksonville, FL 32209

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Terence L. Danzie

Name

2731 Eventide Dr.

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32209

FL

City, State, and Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

Terence L. Danzie

P.O. Box 12124

Jacksonville, FL 32209


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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TERENCE L. DANZIE

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)

express intention to create a limited liability company in accordance with applicable law, as currently written or subsequently amended or redrafted.

The undersigned hereby agrees, acknowledges, and certifies that the foregoing operating agreement is adopted and approved by the member, the agreement consisting of 5 pages, constitutes, the Operating Agreement of **6408 Shortleaf, LLC**, adopted by the member as of June 10, 2013.

Member:

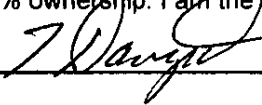
TERENCE L. DANZER Printed Name T. Danzer Signature

Percent: 100%

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TALLAHASSEE, FLORIDA

LLC Member List

I, Terence L. Danzie, the single owner of **6408 Shortleaf, LLC**, in the State of Florida, located at P.O. Box 12124 Jacksonville, Fl. 32209 do hereby certify that I am the sole owner of this company with 100% ownership. I am the sole decision maker for this company's procedures.

 Signature 10 June 2013 Date

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TALLAHASSEE, FLORIDA