

# L/3000/60543

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Division of Corporations Page 1 of 1

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FLORIDA LIMITED LIABILITY CO.  
ASHLEY P. OLSON, LLC

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November 13, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MIZELL LAW FIRM, P.A.

SUBJECT: ASHLEY P. OLSON, LLC  
REF: W13000062619

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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**ARTICLES OF ORGANIZATION**

**OF**

**ASHLEY P. OLSON, LLC**

Pursuant to Section 608.407, Florida Statutes, these Articles of Organization for a limited liability company provide that:

**ARTICLE I - NAME**

The name of the limited liability company is ASHLEY P. OLSON, LLC.

**ARTICLE II - ADDRESS**

The mailing address of the principal office of the limited liability company is 4279 Harbor Blvd, Port Charlotte, FL 33952 and street address of the principal office of the limited liability company is 4279 Harbor Blvd, Port Charlotte, FL 33952.

**ARTICLE III - REGISTERED AGENT**

The name and street address of the initial registered agent for service of process is ASHLEY P. OLSON, 4279 Harbor Blvd, Port Charlotte, FL 33952.

**ARTICLE IV - MANAGEMENT**

The Company shall be a member managed company.

**ARTICLE V - DURATION**

The duration of this Company shall be perpetual.

**ARTICLE VI - PURPOSE**

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 608.403 of the Florida Statutes.

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IN WITNESS WHEREOF, the undersigned, has hereunto subscribed her name and affixed her seal this 12<sup>th</sup> day of NOV, 2013.

Witnesses:

[Signature]  
Print Name: Anne Cameron

Ashley P. Olson  
ASHLEY P. OLSON, Managing Member

[Signature]  
Print Name: Raemona J. Carter

STATE OF FLORIDA:  
COUNTY OF CHARLOTTE:

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared ASHLEY P. OLSON to me known to be the person described as incorporator or who has produced FL D/L as identification, and who executed the foregoing Articles of Organization, and he acknowledged that he executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 12<sup>th</sup> day of November, 2013.

[Signature]

Printed Name: \_\_\_\_\_

Notary Public

State of Florida

Commission Number: \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_



RAEMONA J. CARTER  
MY COMMISSION # EE 160869  
EXPIRES: February 8, 2016  
Bonded Thru Budget Notary Services

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is ASHLEY P. OLSON, LLC.
2. The name and address of the registered agent and office is:

ASHLEY P. OLSON, 4279 Harbor Blvd, Port Charlotte, FL 33952

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.

Ashley P Olson  
ASHLEY P. OLSON

Dated: 11/12/13

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