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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

SUBJE	CCT: Progressive Assets, LLC Name of Limited Liability Company	
5013013		
The enc	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Joe K. Moore	
	Name of Person	
	Joe K. Moore, Attorney at Law	
	Firm/Company	
	One San Jose Place, Suite 17	
	Address	
	Jacksonville, Fl 32257	
	City/State and Zip Code Kemp.Chris@comcast.net	
	E-mail address: (to be used for future annual report notification	n)
For furt	ther information concerning this matter, please call:	
	Christopher D. Kemp at (904) 219-5967	
	Name of Person Area Code Daytime Telephone Numbe	Γ
1	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	0 Filing Fee, cate of Status & ed Copy al copy is enclos
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Decomo	ed Liability Company is:		
	essive Assets, LLC	indication Community I C 22 - 60 I C 23	_
(1	Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address an		oal office of the Limited Liability Company is:	
Principal Office Addi	ress: M	lailing Address:	
1555 Holly Oaks	Lake Rd W	1555 Holly Oaks Lake Rd W	
Jacksonville, F	1 32225	Jacksonville, Fl 32225	-
			_
another business entity	Company cannot serve as its of with an active Florida registrical street address of the registrical Christopher D. Ke	ered agent are:	idual or
		lame	
	1555 Holly Oaks Lake Rd W		Company of the compan
	Florida street address (P.O. Box NOT acceptable)		27
	Jacksonville	FL 32225	
	City	Zip	
the place designate capacity. I further a	ed in this certificate, I hereby ac gree to comply with the provisi am familiar with and accept the	pt service of process for the above stated limited liab accept the appointment as registered agent and agree ions of all statutes relating to the proper and comple be obligations of my position as registered agent as p Chapter 605, F.S	to act in this te performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR	Christopher D. Kemp		
TATER	1555 Holly Oaks Lake Rd W Jacksonville, Fl 32225		
(Use attachment if necessary)			
LE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)	e of filing: (OPTION pecific and cannot be more than five business days pri	NAL) or to or 90	day
LE V: Effective date, if other than the date ffective date is listed, the date must be sp	e of filing: (OPTION pecific and cannot be more than five business days pri	JAL) or to or 90	day
LE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)	e of filing: (OPTION pecific and cannot be more than five business days price	VAL) or to or 90	day
ELE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a moderate	pecific and cannot be more than five business days pro	document are true.	day
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