

L14000037839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

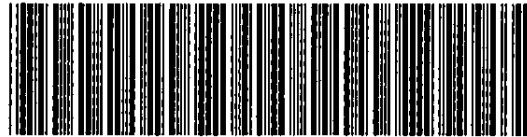
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500257353465

03/05/14--01009--017 \*\*125.00

FILED

2014 MAR - 5 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guffigan

MAR - 6 2014

**ARTICLES OF ORGANIZATION  
OF  
AWESOME TRANSITIONS, LLC**

Filed by:

Amy Marie Vo, Esq.  
Amy Marie Vo, Esq.  
509 Anastasia Boulevard  
St. Augustine, Florida 32080

FILED

2014 MAR -5 AM 10: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
AWESOME TRANSITIONS, LLC**

The undersigned, being a natural person of at least 18 years of age and acting as the Organizer of the Limited Liability Company hereby being formed under the Chapter 605 of the Florida Statutes, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

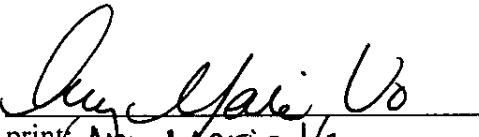
Awesome Transitions, LLC

SECOND: The term of existence of the Limited Liability Company shall be perpetual.

THIRD: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Chapter 605 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 509 Anastasia Boulevard, St. Augustine, Florida 32080, and the name of the initial registered agent of the Limited Liability Company to whom process may be sent in Florida at that address is Amy Marie Vo, Esq..

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. If 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 605, F.S.

  
print Amy Marie Vo  
Amy Marie Vo, Esq.

FIFTH: The mailing address and principal office of the Limited Liability Company is 461 A1A Beach Boulevard, St. Augustine, Florida 32080.

SIXTH: The Limited Liability Company will be operated by the Members, and no manager will be appointed. The name and address of the sole Member are: Mary Way Jacobs, having an address at 461 A1A Beach Boulevard, St. Augustine, Florida 32080

SEVENTH: The total amount of cash (and a description and agreed value of any property other than cash) contributed to the Limited Liability Company, as capital, by the sole Member is \$10.00. The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

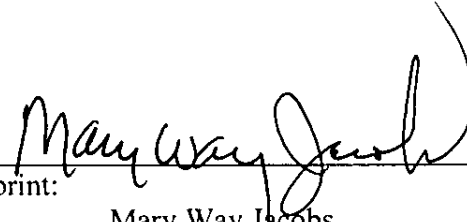
NINTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

TENTH: If there later are more than one Members, the remaining Members of the Limited Liability Company, by the unanimous vote or consent of the Members (other than the Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

ELEVENTH: The name and business address of the Organizer of the Limited Liability Company are: Mary Way Jacobs, 461 A1A Beach Boulevard, St. Augustine, Florida 32080.

TWELFTH: None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company.

**IN WITNESS WHEREOF**, the undersigned has executed and acknowledged these Articles of Organization on February 24, 2014.

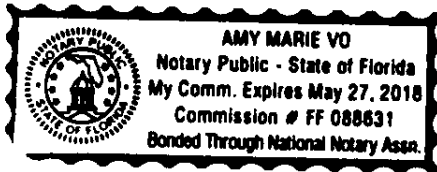
  
print: Mary Way Jacobs  
Organizer

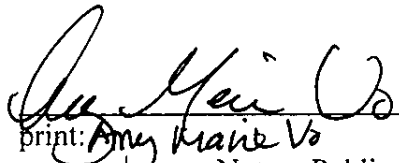
Return to:

Amy Marie Vo, Esq.  
Amy Marie Vo, Esq.  
509 Anastasia Boulevard  
St. Augustine, Florida 32080

STATE OF FLORIDA, COUNTY OF ST. JOHNS, ss.

The foregoing instrument was acknowledged before me on the 24 day of February, 2014, by Mary Way Jacobs.



  
print: Amy Marie Vo  
Notary Public  
My commission expires on

☒ Personally Known \_\_\_\_ OR ☐ Produced Identification \_\_\_\_  
Type of Identification Produced: ☐ Passport ☐ State Driver's License  
☐ Other:

FILED  
2014 MAR -5 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA