

Division of Corporations

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L14000078006  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC  
 Account Number : I20010000112  
 Phone : (302)575-0875  
 Fax Number : (302)575-1642

14 MAY 13 AM 9:55

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

14 MAY 13 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
5645 MacDonald Avenue LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

MAY 14 2014  
J. HARRIS

H14000113641 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5645 MacDonald Avenue 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:

Mailing Address:

3810 FLAGLER AVENUE  
KEY WEST, FL 33040

3810 FLAGLER AVENUE  
KEY WEST, FL 33040

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:

AGENTS AND CORPORATIONS, INC.

Name

300 FIFTH AVENUE SOUTH SUITE 101-330

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

Naples

City

FL

34012

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 605, F.S.

Agents and Corporations, Inc.

By:

*John L. Williams*  
Registered Agent's Signature (REQUIRED)  
JOHN L. WILLIAMS, PRESIDENT

(CONTINUED)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 13 AM 9:54

*AW*

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member  
"MGR" = Manager

AMBR

PETRONIA HOLDINGS LLC

3810 Flagler Avenue,  
Key West, FL 33040

MGR

PHILLIP A. THORPE

3810 Flagler Avenue  
Key West, FL 33040

MGR

JANE K. THORPE

3810 Flagler Avenue  
Key West, FL 33040

(Use attachment if necessary)

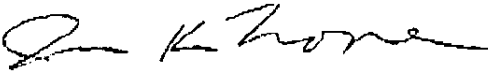
**ARTICLE V:** Effective date, if other than the date of filing:

(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.)

**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE



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

(In accordance with section 605.0203 (1) (b), 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.)

Jane K. Thorpe

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)

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DIVISION OF CORPORATIONS  
16 MAY 13 AM 9:54