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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

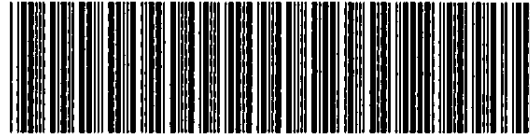
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2014 MAY -5 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: POWERS DIXON ARCHITECTS, 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:

EUGENE G PEEK III

Name of Person

PEEK & COBB

Firm/Company

501 RIVERSIDE AVENUE-SUITE 601

Address

JACKSONVILLE, FLORIDA 32202

City/State and Zip Code

egpii@peekcobb.com

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

For further information concerning this matter, please call:

EUGENE G PEEK III

Name of Person

at (904)

Area Code

399-1609

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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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TALLAHASSEE, FLORIDA
CLERK OF THE COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POWERS DIXON ARCHITECTS, 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:

501 RIVERSIDE AVENUE-SUITE 601

501 RIVERSIDE AVENUE-SUITE 601

JACKSONVILLE, FLORIDA 32202

JACKSONVILLE, FLORIDA 32202

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:

EUGENE G PEEK III

Name

501 RIVERSIDE AVENUE-SUITE 601

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

JACKSONVILLE FL 32202

City

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..

Eugene G Peek III
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

EUGENE G PEEK III

501 RIVERSIDE AVENUE-SUITE 601

JACKSONVILLE, FLORIDA 32202

MGR

JOHN M POWERS

501 RIVERSIDE AVENUE-SUITE 601

JACKSONVILLE, FLORIDA 32202

MGR

GERALD D DIXON

501 RIVERSIDE AVENUE-SUITE 601

JACKSONVILLE, FLORIDA 32202

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: MAY 1, 2014 (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.

NOT APPLICABLE

REQUIRED SIGNATURE:



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

(In accordance with section 607.0203 (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.)

EUGENE G PEEK III

Typed or printed name of signer

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)

2014 MAY -5 PM 12:11

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