Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

NC Pensacola LCC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu Corporate Filing Menu

Help

7/1/2014

https://efile.sunbiz.org/scripts/efilcovr.exe

JUL - 2 2014

## COVER LETTER

| TO: Registration<br>Division of | n Section<br>Corporations                       |   |   |
|---------------------------------|---|---|---|
| SUBJECT: NCPar                  | name of Li                                      | mited Liability Company   | ····  |
| The enclosed Articles           | of Organization and fee(s) a                    | re submitted for filing.  |   |
| Please return all corre         | espondence concerning this m                    | netter to the following:  |   |
| <u>Keith Ne</u>                 | sly   | Name of Porson  |   |
| .B. V. Bo                       | k Properties                                    | Firm/Company  |   |
| 204-C W                         | est Woodlawn Road                               | Address   | ·   |
| <u>Chartous</u>                 | North Carolles 28217                            | City/State and Zip Code   |   |
| kneely@byboro                   | perties.com<br>E-mail address: (in be use       | d for future annual report notific                                | ation)  |
| For further information         | on concerning this matter, ple                  | ase call:   |   |
| Keith Neetv Na                  | ne of Person                                    |   | lephone Number  |
| Enclosed is a check for         | or the following amount:                        |   |   |
| ☐ \$125.00 Filing Poe           | 図\$130.00 Filing Fee &<br>Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Foc,<br>Certificate of Sintus &<br>Certified Copy<br>(additional copy is enclosed) |
| Ma                              | ilina Address                                   | Street/Courier Add  | red;  |

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Taliahasace, Pl. 32314

Sirect/Courier Address
Registration Section
Division of Corporations
Cititon Building
2661 Executive Center Circle
Taltahassee, FL 32301

FLOIZ - 42/04/2019 Websey Klewer Dalles

| ARTICLES OF ORGANIZATION FO  | TOR PLORIDA LIMITED LIABILITY COMPANY  | ECC 1                                      |
|--|--|--|
| ARTICLE I - Name:<br>The name of the Limited Liability Company is:   |  | HASSE                                      |
| NC Penancola, J.LC   |  | W. C.                                      |
|  | nited Liability Company, "L.L.C.," or "LLC.")  | 720  |
| ARTICLE II - Address:<br>The malling address and street address of the princip   | pal office of the Limited Liability Company is:  | FLORIDA                                    |
| Principal Office Address:  | Mailine Address:   |  |
| 204-C West Woodlawn Road<br>Charlotte, NC 282 17   | 2fM-C West Woodlawn Road<br>Charlotte, NC 28217  |  |
| mother business entity with an active Florida registre.  The name and the Florida street address of the registe.  C 1' Corporation of the control of the con | own Registered Agent. You must designate an individual<br>ration.)   | und or                                     |
| 1700 South   | Pine laland Road   |  |
| Florida street address (P.O.   |  |  |
| Plantation   | FL 33324   |  |
| City   | Zip  |  |
| the place designated in this certificate, I hereby at capacity. I further agree to comply with the provisit of my duties, and I am familiar with and accept the C. C. T Copposation System  By:  | pt service of process for the above stated limited liability tocept the appointment as registered agent and agree to ions of all statutes relating to the proper and complete per obligations of my position as registered agent as providing to the process of my position as registered agent as providing to the process of th | act in this<br>serformance<br>sided for in |
| Registered Agent's Si  | Ignature (REQUIRED)  |  |
| (CONTI   | INUED)   |  |

PLOS2 - PRAINTING Wintows Known Critics

| 'MGR" = Manager  | Name and Address:  |
|--|--|
| MGR  | B. V. Belk, Jr.  |
| •  | 204-C West Woodlawn Road   |
|  | Charlotte, NC 28217  |
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| E V: Effective date, if other than the date three date is listed, the date must be a filling.)  E VI: Other provisions, if any.  | iz of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or ?  |
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Page 2 of 2