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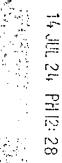
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COVER LETTER

TO:	Registration Division of C			
SUBJE	CT: <u>Machni</u>	c and Associates LLC Name of Lir	mited Liability Company	
The enc	losed Articles	of Organization and fee(s) a	re submitted for filing.	
Please re	eturn all corres	spondence concerning this m	natter to the following:	
	John Mad	chnic	Name of Person	
	<u>Machnic</u>	and Associates LLC	Firm/Company	
	95 Citrus	Lane East	Address	
			Address	
	Ponte Ve	dra Beach, FL 32082	City/State and Zip Code	
jam	achnic@com	ncast.net	d for future annual report notifica	tion)
F f 4			•	mony
ror turtr	ier intormatioi	oncerning this matter, plea	ase call:	
John A	Machnic	at (<u></u>	904) 553-6202	
	Nam	e of Person	Area Code Daytime Tel	ephone Number
Enclosed	l is a check fo	r 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Machnic and Associates LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
95 Citrus Lane East Ponte Vedra Beach, FL 32082	95 Citrus Lane East Ponte Vedra Beach, FL 32082
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	tegistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
James W Name	Thomas
Name 185 Florida street address (P.O. Box	Ave S
Florida street address (P.O. Box	NOT acceptable)
Jacksonville Bar City	L FL 32250
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signatu	Il Shomas ire (REQUIRED)
(CONTINUE	(D)
Page 1 of 2	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	John A. Machnic
	95 Citrus Lane East
	Ponte Vedra Beach, FL 32082
AMBR	Janet Carlyle-Machnic
	95 Citrus Lane East
	Ponte Vedra Beach, FL 32082

EV: Effective date, if other than the dective date is listed, the date must be	ate of filing: Quly 33: 1014 (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the decrive date is listed, the date must be of filing.)	ate of filing: <u>Qiely 23, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 9
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