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Florida Department of State
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

EFFECTIVE DATE
12-4-14

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

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14 DEC -4 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
LowCountry BioMass Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

FILED
14 DEC -4 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LowCountry BioMass Holdings, 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:

Elizabeth A. Landgraf, Paralegal
Name of Person

Thompson Coburn LLP
Firm/Company

One US Bank Plaza
Address

St. Louis, Missouri 63101
City/State and Zip Code

elandgraf@thompsoncoburn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth A. Landgraf at (314) 552-6228
Name of Person Area Code 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

EFFECTIVE DATE

12-4-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LowCountry BioMass Holdings, 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:

1250 Hollywood Avenue
Jacksonville, Florida 32205

1250 Hollywood Avenue
Jacksonville, Florida 32205

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:

Raymond F. Chase

Name

1250 Hollywood Avenue

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

Jacksonville

FL

32205

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.

Raymond F. Chase

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

Everett O. Harwell, Jr.
1250 Hollywood Avenue
Jacksonville, FL 32206

AMBR

Everett O. Harwell, III
1250 Hollywood Avenue
Jacksonville, FL 32206

AMBR

Donald F. Harwell
1250 Hollywood Avenue
Jacksonville, FL 32206

AMBR

Raymond F. Chase
1250 Hollywood Avenue
Jacksonville, FL 32206

(Use attachment if necessary)

See Exhibit A attached hereto and made a part hereof for additional member name and address.

ARTICLE V: Effective date, if other than the date of filing: December 4, 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.

REQUIRED SIGNATURE:

EOH

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.)

Everett O. Harwell, Jr.

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)

EXHIBIT A

**Continuation of Article IV to the Article of Organization
for LowCountry BioMass Holdings, LLC**

Article IV-

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

Title:

AMBR

Name and Address:

**Everett O. Harwell, Jr., as Trustee of the Everett O.
Harwell, Jr. Family Trust Dated April 15, 1993,
as amended and restated on April 29, 2002
1250 Hollywood Avenue
Jacksonville, FL 32205**