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EFFECTIVE DATE

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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

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DEC - 9 2014

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COVER LETTER

×	то:	Registration Division of C				**
	SUBJE	CT: <u>646 Lo</u> y	ver Eighth Name of L	imited Liabil	ity Company	- · · · · · · · · · · · · · · · · · · ·
	The enc	losed Articles	of Organization and fee(s)	are submitted	l for filing.	
	Please r	eturn all corres	pondence concerning this	matter to the	following:	
		Chase ar	nd Brooke Sams	Name of	Person	······································
	•					
				Firm/Co	mpany	-
		709 11th	Avenue South			
				Addr	ess	
		Jacksonv	ille Beach, FL 32250	City/State an	d Zip Code	
	cha	uses317@gm	nail.com E-mail address: (to be us	sed for future	annual report notific	ation)
	For furtl	ner information	n concerning this matter, pl	lease call:		
	Chase		e of Person	(904 Area Cod) <u>307-5455</u> e Daytime Te	elephone Number
	Enclose	d is a check fo	r the following amount:			
	l \$125.00	Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Regi Divi	ling Address stration Section sion of Corporations Box 6327	·	Street/Courier Add Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		4 m
The name of the Limited Liability Company is:		1 1 E 0 2.25
646 Lower Eighth LLC		7 7 7
	Liability Company, "L.L.C.," or "LLC	27) 第 4 0
ARTICLE II - Address:		20, 12
The mailing address and street address of the principal o	ffice of the Limited Liability Company	is: Option 25
Principal Office Address:	Mailing Address:	DA
709 11th Avenue South	709 11th Avenue South	
Jacksonville Beach, FL 32250	Jacksonville Beach, FL 32250	
another business entity with an active Florida registratio The name and the Florida street address of the registered Raymond Adams Name	agent are:	
1886 Cardinal Court		
Florida street address (P.O. Box	x NOT acceptable)	
Jacksonville Beach	FL 32250	
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob- Chap.	nt the appointment as registered agent a of all statutes relating to the proper and	nd agree to act in this I complete performance
Registered Agent's Signa		
Registered Agent's Signa	ture (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Chase Sams
	709 11th Ave South
	Jacksonville Beach, FL 32250
AMBR	Brooke Sams
	709 11th Ave South
	Jacksonville Beach, FL 32250
	gaongonymic bedon, i E b2200
	
(Use attachment if necessary)	
E V: Effective date, if other than the octive date is listed, the date must be	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation to	member or an authorized representative of a member. 1005.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
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ARTICLE IV:

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)