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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

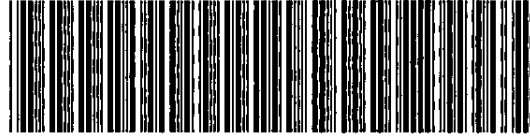
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JAN 21 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. O'Brien FEB 02 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GRADDOCK LANDING, 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:

Bryan C. Goode III  
Name of Person

Romanello Goode, PL  
Firm/Company

320 1st Street N., Suite 613  
Address

Jacksonville Beach, FL 32250  
City/State and Zip Code

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

For further information concerning this matter, please call:

Bryan C. Goode III "Tripp" at ( 904 ) 247.1755  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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  
OF  
GRADDOCK LANDING, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is **GRADDOCK LANDING, LLC**, ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4745 Palm Valley Rd.  
Ponte Vedra Beach, Florida 32082

Mailing Address:

4745 Palm Valley Rd.  
Ponte Vedra Beach, Florida 32082

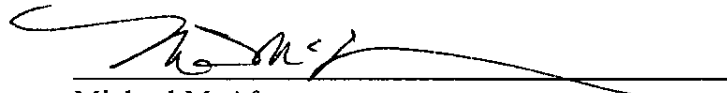
**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Michael McAfee  
4745 Palm Valley Rd.  
Ponte Vedra Beach, Florida 32082

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*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..*

  
\_\_\_\_\_  
Michael McAfee

**ARTICLE IV - MANAGERS OR AUTHORIZED MEMBERS**

The name and address of each Manager or Authorized Member is as follows:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

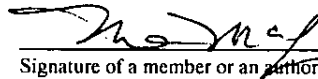
Michael McAfee  
4745 Palm Valley Rd.  
Ponte Vedra Beach, Florida 32082

#### ARTICLE V - OTHER MATTERS

All members shall have preemptive rights with respect to any units by the company subsequent to the date on which such member purchased his or her units. The preemptive right of each individual member shall entitle such member to purchase a percentage of the units to be issued by the company such that his or her proportionate ownership interest in the company will remain the same.

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

#### REQUIRED SIGNATURE:



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.)

Michael McAfee

Typed or printed name of signee

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