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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CT: Mary L. Woodall, LLC Name of Li	mited Liability Company	····
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	eturn all correspondence concerning this n	natter to the following:	
	Mary L. Woodali	Name of Person	
	Mary L. Woodall, LLC	Firm/Company	
	1710 East Chandelier Circle	Address	
	Jacksonville, Florida 32225	City/State and Zip Code	
	arylwoodall@amail.com E-mail address: (to be use	ed for future annual report notifica	tion)
For fur	her information concerning this matter, ple	ease call:	
Mitche	Name of Person	904 ) 705-3536 Area Code Daytime Tel	ephone Number
	od is a check for the following amount:  O Filing Fee   \$\sum \frac{1}{3} \text{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 Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Mary L. Woodall, LLC (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LL	.C.")		
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Compar	ıy is:		
Principal Office Address:	Mailing Address:			
1710 East Chandelier Circle Jacksonville, FL 32225	1710 East Chandelier Circle Jacksonville, FL 32225			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agentic Mitchell Kevin Woodall, LLC  Name  10990 Fort Caroline Road, Suite Florida street address (P.O. Box No. 1990)	egistered Agent. You must designa gent are:	SECRETARY OF STATE TABLAHASSEE. FLORIDA	18 JAN 30 PM L: 46	OT COMPANY
Jacksonville,	FL 32225			
Itaving been named as registered agent and to accept servithe place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblige Chapter  Registered Agent's Signature	he appointment as registered agent all statutes relating to the proper at ations of my position as registered to 605, F.S	and agre nd comp	ze to ai lete pei	ct in this rformance

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Member	<del></del>
MGR" = Manager	
Manager	Mary L. Woodall
	1710 East Chandelier Circle
	Jacksonville, Florida 32225
	SE S
	<u></u>
<del></del>	
ctiv <del>e</del> date is listed, the date must b	date of filing: February 1, 2015 (OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must b filling.)	date of filing: February 1, 2015 (OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must b	DA LO
EV: Effective date, if other than the ctive date is listed, the date must be filling.) EVI: Other provisions, if any.	date of filing: February 1, 2015 (OPTIONAL)
CV: Effective date, if other than the ctive date is listed, the date must be filling.) CVI: Other provisions, if any.	date of filing: February 1, 2015 (OPTIONAL)
EV: Effective date, if other than the crive date is listed, the date must be filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	date of filing: February 1, 2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 90  May a member of an authorized representative of a member.
EV: Effective date, if other than the crive date is listed, the date must be filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a coordance with section	date of filing: February 1, 2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 90  member or an authorized representative of a member. n 605, 0203 (i) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the ctive date is listed, the date must be filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation	date of filing: February 1, 2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penaltics of perjury that the facts stated herein are true.
EV: Effective date, if other than the crive date is listed, the date must be filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation I am aware that any false is	date of filing: February 1, 2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 90  member or an authorized representative of a member. n 605.0203 (i) (b), Florida Statutes, the execution of this document
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