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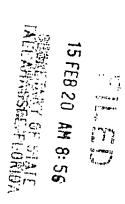
(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Northro	op Family Builders, LLC Name of Lin	mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	natter to the following:	
1. H. "Son	nny" Northrop III	Name of Person	
		Name of Person	
Northrop	Family Builders, LLC		
		Firm/Company	
<u>5816 No</u>	rthrop Road		
		Address	
Milton, F	lorida 32570	21(6	
		City/State and Zip Code	
<u>NorthropFamily</u>	Builders@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
	n concerning this matter, ple		
I. H. "Sonny" Northr	op III at (:	850) 572-9689 Area Code Davtime Te	lephone Number
		and code Daytine 10	repriorie Mariloci
Enclosed 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)
	ling Address	Street/Courier Add	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
Northrop Family Builders, LLC	ed Liability Company, "L.L.C.," or "LL	<u> </u>
	a Diability Company, E.E.C., or E.E.	C.)
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	,
· · · · · · · · · · · · · · · · · · ·		
5816 Northrop Road Milton, Fl 32570	5816 Northrop Road Milton, Fl 32570	
ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration. The name and the Florida street address of the registere	n Registered Agent. You must designate on.)	e an individual or
The hame and the Florida succe address of the registere	su agent are:	
I. H. Northrop III		
Nam	le .	
5816 Northrop Road Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	
Milton	FL 32570	
City	Zip	
Mar	ept the appointment as registered agent as of all statutes relating to the proper and bligations of my position as registered appear 605, F.S	and agree to act in this d complete performance
Registered Agent's Sign	ature (REQUIRED)	<u> </u>
\	V	FEB
(CONTIN	UED)	20
Page 1 of	72	AM 8:5

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR .	I. H. Northrop III
	5816 Northrop Road
	Milton, Fl 32570
MGR	Jennifer L Northrop
	5816 Northrop Road
	Milton, Fl 32570
MGR	I. H. Northrop Jr
	5875 Northrop Road
	Milton, FI 32570
EV: Effective date, if other than the ective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must of filing.) EVI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ective date is listed, the date must of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sections)	a member or an authorized representative of a member. on 605.0203 (1) (b), Plorida Statutes, the execution of this document
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Plorida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Plorida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of States.
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ARTICLE IV-