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(((H15000100936 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112

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Fax Number

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FLORIDA LIMITED LIABILITY CO. Mary Croft LLC

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY	•
ARTICLE I - Name: The name of the Limited Liability Company is:	
Mary Croft LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "Limited Liability Company, "L.L.C.,"	I.C.")
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Compar	ny is:
Principal Office Address:  6952 RAMOTH Dr.  JACKSONVILLE, FL.  32226  Mailing Address:  6952 RAMOTH Dr.  JACKSONVILLE, FL.  JACKSONVILLE, FL.	31226
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	ate an individual or
The name and the Florida street address of the registered agent are:	
AGENTS AND CORPORATIONS, INC.	
300 FIFTH AVENUE SOUTH SUITE 101-330 Florida street address (P.O. Box NOT acceptable)	
NAPLES FL 34012	
Having been named as registered agent and to accept service of process for the above stated to the place designated in this certificate, I hereby accept the appointment as registered agent capacity. I further agree to comply with the provisions of all statutes relating to the proper of my duties, and I am familiar with and accept the obligations of my position as registered Chapter 605, F.S.  Agents and Corporations, Inc.	t and agree to act in this and complete performance
By:  Registered Agent's Signature (Required)  John L. Williams, Prosident	2015 APR 24 AL SECRETARY OF TALLAHASSEE.
(CONTINUED)	
Page 1 of 2	ORIGINAL TO

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Mary CROFT Adkins  6952 RAMOTH Drive  LARY ADKINS JACKSONVILLE Florida 32226
AMBR	MARY ADKINS JACKSONVIIIS POOLE GAZZIC
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E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation we have that any false in	hember of an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, aftermation submitted in a document to the Department of State.
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