

L150000 85742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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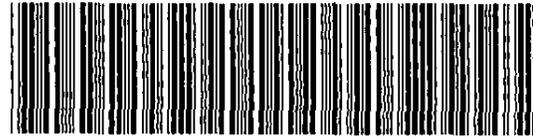
(Business Entity Name)

(Document Number)

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MAY 15 2015  
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**WALK IN**

PICK UP: 5-14-15

- CERTIFIED COPY \_\_\_\_\_
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1. 529 Washington Avenue, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION OF 529 WASHINGTON AVENUE, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

529 WASHINGTON AVENUE, LLC

**ARTICLE II - Address:**

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

15 Aviation Drive  
Winter Haven, Florida 33881

**ARTICLE III - Registered Agent and Registered Office**

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

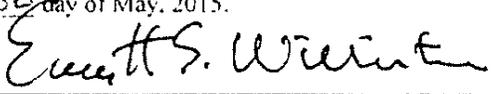
Everett J. Williston, Jr.  
15 Aviation Drive  
Winter Haven, Florida 33881

**ARTICLE IV - Members**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
Member	Everett S. Williston, Jr. 15 Aviation Drive Winter Haven, Florida 33881
Member	Betty S. Williston 15 Aviation Drive Winter Haven, Florida 33881

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledge them to be my act this 13<sup>th</sup> day of May, 2015.

  
\_\_\_\_\_  
Everett S. Williston, Jr.

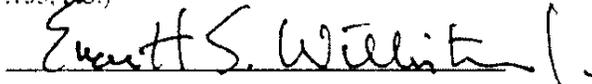
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(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.)

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(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 Section 817.155, F.S.)



Everett S. Williston, Jr.  
Signature of Registered Agent

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