

L15000121445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

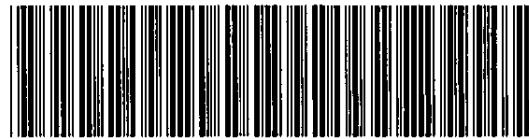
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700275041027

07/16/15--01014--010 \*\*125.00

15 JUL 16 AM 11:32

MD 7/21



July 14, 2015

**Via First-Class Mail Only**

Florida Department of State  
Division of Corporations  
New Filing Section  
P.O. Box 6327  
Tallahassee, Florida 32314

*Re: Filing Documentation for New Florida LLC | "Suggs Property, LLC"*

To Whom It May Concern:

Please find enclosed herein all required documentation to form a new Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes. Specifically, please find enclosed a *Cover Letter, Articles of Organization*, and a check payable to the "Florida Department of State" in the amount of \$125.00.

Should you need any additional information, please do not hesitate to contact me at 904.940.0060. Otherwise, once the filing is approved for this new LLC, please forward the confirmation to the registered agent/authorized member, Mrs. Cynthia Pritchett, at the address provided. Thank you for your prompt attention to this letter and its enclosures.

Best regards



David D. Naples, Jr.  
Attorney

(Enclosures)

Cc: Mrs. Cynthia Pritchett  
*Registered Agent/Authorized Member of Suggs Property, LLC*

## COVER LETTER

**TO:      Registration Section  
                    Division of Corporations**

**SUBJECT:** Suggs Property, 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:

Cindy Pritchett  
Name of Person

Name of Person

---

**Firm/Company**

23 Anastasia Lakes Drive

### Address

St. Augustine, FL 32080  
City/State and Zip Code

**City/State and Zip Code**

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Pritchett at (904) 471-5657  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

**New Filing 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:

Suggs Property, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

15 JUL 16 MM:32

**ARTICLE II - Address:**

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

Principal Office Address:

23 Anastasia Lakes Drive  
St. Augustine, FL 32080

Mailing Address:

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cynthia Prechett

Name

23 Anastasia Lakes Drive

Florida street address (P.O. Box NOT acceptable)

St. Augustine, FL 32080

City

State

Zip

*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..*

Cynthia A. Prechett

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

*Cindy Pritchett*  
23 Anastasia Lakes Drive  
St. Augustine, FL 32080

15 JUL 16 AM 11:32

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Cynthia A. Pritchett*

**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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 §817.155, F.S.

*Cynthia A. Pritchett*  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**