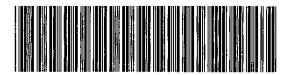
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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FILED

15 SEP -9 PH 4: 32

9/4/5

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Old Town Contractors, LLC	
SUBJE	Name of Limited Liability Company	
The enc	sed Articles of Organization and fee(s) are submitted for filing.	
Please r	urn all correspondence concerning this matter to the following:	
	Jennifer Jarvis	
	Name of Person	
	Old Town Contractors, LLC	
	Firm/Company	
	701 Market Street, Suite 111, Box # 194	
	Address	
	Saint Augustine, FL 32095	
	City/State and Zip Code jenniferjojarvis@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For furthe	nformation concerning this matter, please call:	
	Jennifer Jarvis 850 843-5383	
	Name of Person Area Code Daytime Telephone Number	
Enclose	s a check for the following amount:	
\$125.00	siling Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	æd)

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

5 SEP -9 FN 4: 32



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2015

JENNIFER JARVIS
701 MARKET STREET
SUITE 111, BOX 194
SAINT AUGUSTINE, FL 32095

SUBJECT: OLD TOWN CONTRACTORS, LLC

Ref. Number: W15000056312

We have received your document for OLD TOWN CONTRACTORS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name and title of the person signing the document must be noted beneath or a opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 415A00017865

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P -9 PM 4: 32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

32

The name of the Limited Liabili	ty Company is:			FILED
	·			15 SEP -9 PH 4:
Old Town Contracto	rs, LLC.			
(Must end	with the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC.")	FALLAHASSEE, FLOR
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Li	mited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Add	ress:
401 Heather Park La			701 Market Street, Suite 111	
Saint Augustine, FL	32095		Box # 194	
			Saint Augustine, FL 32095	
The name and the Florida street	address of the registered Jennifer Jarvis	agent are:		
	401 Heather Park Las	ne		
	Florida street address		OT acceptable)	
	Saint Augustine	FL	32095	
	City	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the plant familiar with and accept the ob	I hereby accept the apperovisions of all statutes re	ointment as replating to the pas registered a	gistered agent and agree to act roper and complete performan	t in this capacity. I ace of my duties, and I

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jenniter Jarvis
	401 Heather Pack Lane Surit Augustine, Fi 32045
	Sunt Angustine, 12 32093
	
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•	
(Use attachment if necessary)	
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ARTICLE IV-

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