

L160000019337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

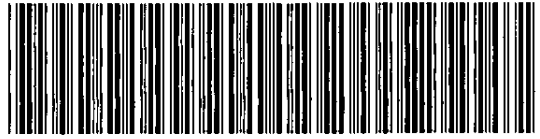
(Business Entity Name)

(Document Number)

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**WALK IN**

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- CERTIFIED COPY \_\_\_\_\_
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- FILING LLC \_\_\_\_\_

1. **J & W Parker Properties, 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:** wparker@onestop-flooring.com *email add*

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**J & W PARKER PROPERTIES, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

21675 NW 75<sup>th</sup> Avenue Road  
Micanopy, FL 32667

**Mailing Address:**

21675 NW 75<sup>th</sup> Avenue Road  
Micanopy, FL 32667

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

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

**WILLIAM ANTHONY PARKER**  
21675 NW 75<sup>th</sup> Avenue Road  
Micanopy, FL 32667

SECRETARY OF STATE  
STATE OF FLORIDA  
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*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, Florida Statutes.*

  
\_\_\_\_\_  
**WILLIAM ANTHONY PARKER**

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

“AMBR” = Authorized Member

“MGR” = Manager

**Name and Address:**

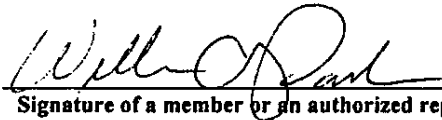
“MGR”

WILLIAM ANTHONY PARKER  
21675 NW 75<sup>th</sup> Avenue Road  
Micanopy, FL 32667

“MGR”

JENNIFER MICHELLE PARKER  
21675 NW 75<sup>th</sup> Avenue Road  
Micanopy, FL 32667

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB -1 AM 8:35

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 in s.817.155, F.S.

**WILLIAM ANTHONY PARKER**

Typed or printed name of signee