

L160000019337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

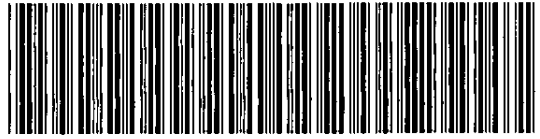
(Business Entity Name)

(Document Number)

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**CORPORATE
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236 East 6th Avenue. Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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- CERTIFIED COPY _____
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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 75th Avenue Road
Micanopy, FL 32667

Mailing Address:

21675 NW 75th 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 75th Avenue Road
Micanopy, FL 32667

SECRETARY OF STATE
STATE OF FLORIDA
16 FEB 11 AM 8:35
HWP

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:

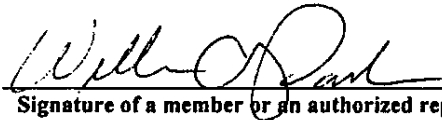
“MGR”

WILLIAM ANTHONY PARKER
21675 NW 75th Avenue Road
Micanopy, FL 32667

“MGR”

JENNIFER MICHELLE PARKER
21675 NW 75th 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