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## **COVER LETTER**

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	tion Section of Corporations	
SHRIECT.	PS27 Accelerator, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Art	cles of Organization and fee(s) are submitted for filing.	
Please return all	orrespondence concerning this matter to the following:	
	James B Stallings Jr.	
<del></del>	Name of Person	-
	PS27 Ventures, LLC	
-	Firm/Company	-
	7835 Bayberry Rd	
	Address	-
	Jacksonville, FL 32256	
	City/State and Zip Code	-
	carmen@smartboxcompany.com	_
	E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
	James B Stallings Jr. 904 252-9471	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	sk for the following amount:	
\$125.00 Filing F	Status Status Status Status Status (additional copy is enclosed)  \$130.00 Filing Fee & Status	
	Mailing Address Street Address	
	New Filing Section New Filing Section  Division of Corporations  Division of Corporations	

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

- 1 - 2



The name of the Limited Liability Com	pany is:			16 JAN 26	PH 3: 88
	PS27 Accele			SECRETARY TALLAHASSE	OF STATE E. FLORIDA
(Must end with th	e words "Limited Li	ability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	of the principal offic	e of the Limited	Liability Company is:		
Principal Offi	ce Address:		Mailing Ad	ldress:	
7835 Bayberry Rd		7835	Bayberry Rd		
Jacksonville, FL 32256			sonville, FL 32256		
The name and the Florida street address					
		Stallings Jr.			
		Stallings Jr. ame			
	N				
Flor	N	ame ayberry Rd	cceptable)		
Flor	7835 B	ame ayberry Rd	cceptable)		
Flor	N 7835 B rida street address (P	ame ayberry Rd .O. Box <b>NOT</b> a			
Flor Flor  Having been named as registered agent a	N 7835 B rida street address (P Jacksonville City	ame ayberry Rd .O. Box <u>NOT</u> a FL State	32256 Zip		

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:	
"AMBR" = Auth		
"MGR" = Manag		
MGR	James B Stallings Jr 8019 Pebble Creek Lane E	
	Ponte Vedra Beach, FL 32082	
	Fonte Vedia Beach, FL 32082	
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		$\overline{\mathbb{Q}_m}$
(Use attachment	ate, if other than the date of filing: (OPTION	AL)
LE V: Effective da Tective date is liste of filing.) If the date inserted	ate, if other than the date of filing: (OPTIONAL)	to or 90 d
LE V: Effective date is lister of filing.) If the date inserted ument's effective of LE VI: Other proving the control of the c	ate, if other than the date of filing: (OPTIONAL ed, the date must be specific and cannot be more than five business days prior in this block does not meet the applicable statutory filing requirements, this date date on the Department of State's records.	to or 90 d
LE V: Effective date is lister of filling.) If the date inserted ument's effective of	ate, if other than the date of filing:	to or 90 d
LE V: Effective date is lister of filing.) If the date inserted ument's effective of LE VI: Other proving the REOUIRED SIGNATURE OF THE PROVINCE OF THE PROVIN	ate, if other than the date of filing: (OPTIONAL ed, the date must be specific and cannot be more than five business days prior in this block does not meet the applicable statutory filing requirements, this date date on the Department of State's records.	to or 90 de will not be
LE V: Effective date is lister of filing.) If the date inserted ument's effective of LE VI: Other proving the REOUIRED SIGNATURE OF THE PROVINCE OF THE PROVIN	content in the date of filing:	to or 90 d

ARTICLE IV-

Page 2 of 2

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)