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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	



HEPARTMENT OF STATE

~ 01/24/16

COVER LETTER

Division of Corporations SUBJECT: lame 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: Advins Middleton M. ddletn 3 Middletn Firm/Gompany 227 E. Gt. Auc Address LAUSSPE and middletur com and MI E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Middlettiat (<u>850</u>) 728-2465 fPerson Area Code Daytime Telephone Number Name of Person

Epclosed is a check for the following amount:

TO:

Registration Section

S125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 FLOPLIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company,

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

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:

Advin Midd Florida street address (FO. Box NOT acceptable)

allahnser FL City State 32303

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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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.-

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FEB 24 PH 4:

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

Title:	thorized Member	Name and Address:		
"AMBR" = Au ."MGR" = Man		Norial J. Durpin	~	
<u>-71</u>	<u>.</u>	-450 Crescent St	_	
		Jacksonville FL	37705	
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(Use attachme	nt if necessary)			
	e date on the Department of State ovisions, if any.			
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NEQUIPED (SIGNATURE:		· · · · · · · · · · · · · · · · · · ·	_ .
<u>ABOUINED</u>				
	This document is executed in a I am aware that any false inform	or an authorized representative of a meml accordance with section 605.0203 (1) (b), Flo mation submitted in a document to the Depart y as provided for in s.817.155, F.S.	orida Statutes.	
	A	drin Middleton		
	Тур	ed or printed name of signce		
\$ 30.00 Cer	ng Fee for Articles of Organiza tified Copy (Optional) tificate of Status (Optional)	<u>Filing Fees:</u> ation and Designation of Registered Agent	und	week
· ·		Page 2 of 2	SECRETARIA	6 FEB 24