

L16000053971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

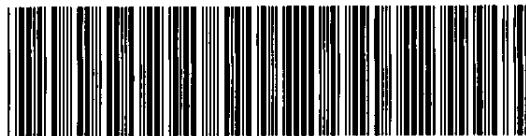
(Business Entity Name)

(Document Number)

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74
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fleming North Florida Properties, L.L.C.
Name 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:

Phillip Fleming
Name of Person

Fleming North Florida Properties, L.L.C.
Firm/Company

43 Gulf Breeze Dr.
Address

Crawfordville, FL 32327
City/State and Zip Code

phil.fleming101@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phil Fleming at (850) 508-1707
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

Fleming North Florida Properties, L.L.C.

ARTICLE II – Address:

Principle Office Address:

43 Gulf Breeze Drive
Crawfordville, FL 32327

Mailing Address:

43 Gulf Breeze Drive
Crawfordville, FL 32327

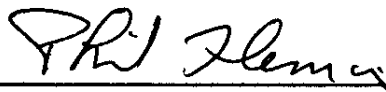
ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

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

**Phillip Fleming
43 Gulf Breeze Drive
Crawfordville, FL 32327**

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 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 ~~608~~ ⁶⁰⁵, F.S.

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Registered Agent's Signature

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

Title:

MGRM
AMBR

Name and address:

Phillip Fleming
43 Gulf Breeze Drive
Crawfordville, FL 32327

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REQUIRED SIGNATURE:



Signature of member or an authorized representative of a member

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In accordance with Chapter ~~608.408(3)~~ ^{608.408(5)} F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.