# Electronic Articles of Organization For Florida Limited Liability Company

L16000090390 FILED 8:00 AM May 09, 2016 Sec. Of State

## **Article I**

The name of the Limited Liability Company is: SULLIVAN FAMILY PARTNERSHIP OF NW FLA LLC

### **Article II**

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

225 DALTON DRIVE SANTA ROSA BEACH, FL. 32459

The mailing address of the Limited Liability Company is:

225 DALTON DRIVE SANTA ROSA BEACH, FL. 32459

## **Article III**

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

RANDY SULLIVAN 225 DALTON DR SRB, FL. 32459

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.

Registered Agent Signature: RANDY SULLIVAN

# **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR RANDY SULLIVAN 225 DALTON DRIVE SRB, FL. 32459

Title: MGR CHRISTOPHER L SULLIVAN 315 BENTON BLVD FREEPORT, FL. 32439

Title: MRG JAMES L SULLIVAN 1428 HWY 20 EAST FREEPORT, FL. 32439

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#### Article V

The effective date for this Limited Liability Company shall be:

05/05/2016

Signature of member or an authorized representative

Electronic Signature: N NEMECEK

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.