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TALL ANASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Oaken, LLC	· · · · · · · · · · · · · · · · · · ·	
(Must end	with the words "Limited Lin	ibility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	address of the principal offic	of the Limited Liability Company is:
<u>Princij</u>	nal Office Address:	Mailing Address:
19 Bay Drive	• • •	19 Bay Drive
Palm Coast, FL 32137		Palm Coast, FL 32137
he Limited Liability Compan other business entity with an	y cannot serve as its own Re active Florida registration.)	Registered Agent's Signature: gistered Agent. You must designate an individual or ent are:
he Limited Liability Company nother business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag	gistered Agent. You must designate an individual or
The Limited Liability Company nother business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered age Kenneth M. Oakes	gistered Agent. You must designate an individual or ent are:
The Limited Liability Compan nother business entity with an he name and the Florida street	y cannot serve as its own Re active Florida registration.) address of the registered age Kenneth M. Oakes	gistered Agent. You must designate an individual or
	y cannot serve as its own Re active Florida registration.) address of the registered age Kenneth M. Oakes N. 19 Bay Drive	gistered Agent. You must designate an individual or ent are:
The Limited Liability Compan nother business entity with an he name and the Florida street	y cannot serve as its own Re active Florida registration.) address of the registered age Kenneth M. Oakes No. 19 Bay Drive Florida street address (P	ent are: O. Box NOT acceptable)
The Limited Liability Compan nother business entity with an The name and the Florida street	y cannot serve as its own Re active Florida registration.) address of the registered age Kenneth M. Oakes No. 19 Bay Drive Florida street address (P	gistered Agent. You must designate an individual or ent are:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Wenneth M. Oakes 19 Bay Drive Palm Coast, FL 32137 (Use attachment if necessary) E V: Effective date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 cannot be more	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:	"MGR" = Manager			
(Use attachment if necessary) EV: Effective date, if other than the date of filing: (OPTIONAL) Ethic date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. 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 for in s.817.155, F.S. **Enneth M. Cakes** Typed or printed name of signee Elling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	AMBR			
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:				
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