Electronic Articles of Organization
For
Florida Limited Liability Company

L16000108469
FILED 8:00 AM
June 01, 2016
Sec. Of State
tbrown

Article I

The name of the Limited Liability Company is:

SALLY JEAN ROBERTS, LLC

Article II

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

690 E. PEARL ST.
MONTICELLO, FL. 32344

The mailing address of the Limited Liability Company is:

PO BOX 2026
PERRY, FL. 32348

Article III

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

SALLY J ROBERTS
690 E. PEARL ST.
MONTICELLO, FL. 32344

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: SALLY J ROBERTS

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Article IV

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

Title: AMBR
SALLY J ROBERTS
690 E. PEARL ST.
MONTICELLO, FL. 32344

Article V

The effective date for this Limited Liability Company shall be:

06/01/2016

Signature of member or an authorized representative

Electronic Signature: SALLY J ROBERTS

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.

L16000108469

AFFIDAVIT

State of Florida
County of Jefferson

BEFORE ME, the undersigned Notary, Lesley A. Bontrager, on this 6th day of June, 2016, personally appeared Sally Jean Roberts, known to me to be a credible person and of lawful age, who being by me first duly sworn, on her oath, deposes and says:

1. I am the Director of Sally Jean Roberts, P.A.

2. I filed a voluntary dissolution for Sally Jean Roberts, P.A. on May 31, 2016.

3. I have no intentions of revoking the dissolution, therefore, you may release the name for the use to another entity.

Sally Jean Roberts

State of Florida
County of Jefferson

Sworn to and subscribed before me this 6th day of June, 2016 by Sally Jean Roberts.

Notary Public State of Florida

✓ Personally Known

____ Produced Identification

Type of Identification Produced_____

LESLEY A. BONTRAGER
Notary Public, State of Florida
My Comm. Expires Oct. 22, 2019
Commission No. FF 930130