

L16000170535

(Requestor's Name)

(Address)

(Address)

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2016 SEP -6 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*Of Counsel:
Lawrence W. Borns, Esq.*

August 29, 2016

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: the John Burch 755, LLC

Dear Sir/Madam:

Enclosed please find original and copy of Articles of Organization for Florida Limited Liability Company for filing.


I also enclose check in the amount of \$125.00 to cover the filing fee.

Would you kindly forward confirmation of the filing at your earliest opportunity to my address stated above.

If you have any questions, please do not hesitate to contact my office.

Thank you for your assistance and cooperation in this matter.

Yours very truly,


Marsha S. Johnson

MSJ/mm

Enclosures: per above

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE JOHN BURCH 755, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

JOHN BURCH
230 NORTH STREET
DELAND, FL 32720

230 NORTH STREET, DELAND, FL 32720

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.)

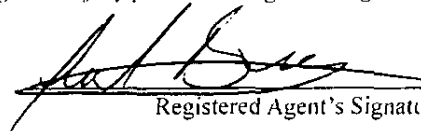
The name and the Florida street address of the registered agent are:

JOHN BURCH
Name

230 NORTH STREET
Florida street address (P.O. Box **NOT** acceptable)

<u>DELAND</u>	<u>FL</u>	<u>32720</u>
City	State	Zip

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 as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOHN BURCH

230 NORTH STREET, DELAND, FL 32720

(Use attachment if necessary)

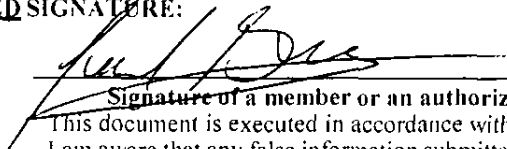
ARTICLE V: Effective date, if other than the date of filing: AUGUST 25, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: 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.

JOHN BURCH

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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