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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	<u> </u>
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PALLAHASSEE FLORIDE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sargeant Properties, LLC Name of Limited Liability Company
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:
Regim W. Sargeant Eg
Law Office of Regina W. Sargeant PA
2820 U.S. 1 South, Ste, F
Address
St. Augustine, FL 32086 City/State and Zip Code
City/State and Zip Code Regina Sargeant @ Yahoo. Com E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To the mornation concerning this matter, please can:
Kegina Sargeant at (904) 825-8423 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additi
Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Sargeant Properties, 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:
2820 U.S. So. Ste F 2820 U.S. So. Ste F St. Augustine, FL 32086 St. Augustine, FL 32086
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: **Egina W. Sargeant, Esq.** Name 2820 U.S. I So., Ste. F
Florida street address (P.O. Box NOT acceptable)
St. Augustine, FL 32086
Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 (REGUIRED)

(CONTINUED)

Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Mishari Co Summer +
HMBK/MGR	Michael G. Jargeant
AMBR/MGR	St. Augustine, FL 32086
AMBR/MAR	Regina W. Sargeant
/	St. Augustine, FL 32086
	, J
	
(Use attachment if necessary) LE V: Effective date, if other than the	date of filing: (OPTIONAL)
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LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90
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Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)