L16000020/077

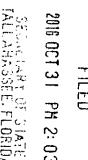
(Re	equestor's Name)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



900291817669

10/31/16--01019--024 **155.00



V HERRING NOV - 3 2016

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJEC	Saltmark Construction, LLC			
30000		e of Limited Liah	oility Company	
The encl	osed Articles of Organization and fo	ec(s) are submitte	ed for filing.	
Please re	eturn all correspondence concerning	this matter to the	e following:	
	Jason Heidgerken			
		Name	of Person	
	Saltmark Construction, LLC			
		Firm/0	Company	
	2220 County Rd 210 West, Suit	e 108		
		Ad	dress	
	Jacksonville, FL 32259			
		City/State	and Zip Code	
	jasonh@jhfproperties.com	ha wad far futur	e annual report notificati	an)
	•		e annuar repont normean	onj
For furthe	r information concerning this matter	r. please call:		
	Jason Heidgerken	954 at (815-1669)	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclose	d is a check for the following amour	nt:		
	Filing Fee \$130.00 Filing F Certificate of St	ee & S15:	5.00 Filing Fee & [ified Copy onal copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section		New Filing Section	
	Division of Corporations P.O. Box 6327		Division of Corporati Clifton Building	ons
	Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•		FI	LED
The name of the Limited Liabilit	y Company is:		2016 OCT 3	PM 2: 03
Saltmark Construction	n, LLC		mpany, "L.L.C.," of "LLC.")" (53)	
(Must end	with the words "Limited	l Liability Co	mpany, "L.L.C.," of "LLC.")"	LE, FLORIDA
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the L	imited Liability Company is:	
Princip	al Office Address:		Mailing Address	į:
406 Johns Creek Parl	cway		2220 County Rd 210 West, Suite	: 108
St. Augustine, FL 32	092		Box 245	
			Jacksonville, FL 32259	
The name and the Florida street	Jason Heidgerken	l agent are: Name		
	406 John Creek Park		loge . III)	
	Florida street addres	s (P.O. Box 2	MOT acceptable)	
	St. Augustine	FL	32092	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pi	I hereby accept the approvisions of all statutes r	cointment as recelating to the as registered	for the above stated limited liability egistered agent and agree to act in proper and complete performance of agent as provided for in Chapter 66 Signature (REQUIRED)	this capacity. I of my duties, and I
		(CONTIN	U CD)	

Page 1 of 2

ARTICLE IV-	FILED
The name and address of each person au	thorized to manage and control the Limited Liability Company: 2016 OCT 31 PM 2: Name and Address:
Title:	Name and Address:
"AMBR" = Authorized Member	Jason Heidgerken
"MGR" = Manager	Land Maidenter Specific AFASSEE, FLORI
MGR	Jason Heidgerken Sy 406 Johns Creck Parkway
	St. Augustine, FL 32092
MCD	Janui Con Haidheadan
MGR	Jennifer Heidgerken 406 Johns Creek Parkway
	St. Augustine, FL 32092
(Use attachment if necessary)	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	e of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a	secific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department	secific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	nectific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is execu	meet the applicable statutory filing requirements, this date will not be of State's records. The state of any authorized representative of a member. The state of the statutory filing requirements and the state of the state o
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be of State's records. The state of an authorized representative of a member. The state of the statutes of the statute
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be of State's records. The state of any authorized representative of a member. The state of the statutory filing requirements and the state of the state o
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be of State's records. The state of an authorized representative of a member. The state of the section of the sect

 $\mathbf{a}\mathbf{s}$

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)