Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.

Account Number: 074143000064 Phone : (954) 467-2200 Fax Number : (954)467-2210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: deby@bestroofing.net

FLORIDA LIMITED LIABILITY CO. LA JOLLA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. BURCH NOV 8 2016

ARTICLES OF ORGANIZATION

OF

LA JOLLA, LLC

The undersigned, as the authorized representative of the initial member(s) of LA JOLLA, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I COMPANY NAME

The name of the Company is LA JOLLA, LLC.

ARTICLE II MANAGEMENT

The Company will be a manager managed company. The initial manager is Elizabeth A. Wallick.

ARTICLE III MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the Company is:

1600 N.E. 12th Terrace Fort Lauderdale, Florida 33305 email: deby@bestroofing.net

ARTICLE IV REGISTERED AGENT AND REGISTERED AGENT ADDRESS

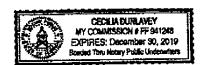
The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle Mombach, Boyle, Hardin & Simmons, P.A. 100 N.E. Third Avenue, Suite 1000 Fort Lauderdale, Florida 33301

CONRADJ. BOYLE

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

STATE OF FLORIDA COUNTY OF BROWARD



Notary Public - State of Florida My Commission Expires: Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this 7 day of November, 2016.

CONRAD I BOYLE