## 1700026896

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



100295189321

100295189321 02/07/17--01001--001 \*\*125.00

17 FEB -6 PM 3: 21

C. GOLDEN FEB - 6 2017

17 FEB -6 PM 3: 21 TO: Registration Section **Division of Corporations** SEGNETARY OF STATE TION LLCIALLAHASSEE, FLORIDA 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: Name of Person Firm/Company JOHNROMAN 1975@ amail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  | FILED  |
|--|--|
| The name of the Limited Liability Company is:  | 17 FEB -6 PM 3: 21   |
| Must end with the words "Limited Liability Cor   | SLUBETART OF STATE  npany, "LLC.," or "LLC.")  TALLAHASSEE, FLORIDA  |
| (Must end with the words "Limited Liability Cor  | npany, "L.L.C.," or "LLC.") VALLAHASSEE, FLORIDA   |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Li   | mited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| Ob Preaknoss Plaza   | Same   |
| orange Dek, Fl 3203  | V-1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.   |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    John Roman   Name   Roman   Name   N | gent. You must designate an individual or  |
| Florida street address (P.O. Box D   | (OI acceptable)  |
| Orange Park Fl<br>City State   | <u> 5273</u>   |
| City State   | Zip  |
| Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the pam familiar with and accept the obligations of my position as registered (Registered Agent's  | gistered agent and agree to act in this capacity. I<br>proper and complete performance of my duties, and I |
| (CONTIN  | J <b>ED</b> )  |

Page 1 of 2

| "AMBR" = Authorized Member  | Name and Address:  | 17 FEB -6 PM 3   |
|---|--|--|
| "MGR" = Manager   |  | SEURETARY OF ST  |
| •   |  | TALLAHASSEE, FLO   |
| John Roman MGR  | A A  | Plaza<br>FL 32020  |
| Dlansie Raman MCV2  | 86 Frenknos -<br>Osange Dapk   | Plaza<br>R 32075   |
|   |  |  |
| (Use attachment if necessary)   |  |  |
| fective date is listed, the date must be s  | te of filing:<br>pecific and cannot be more than five busin  | (OPTIONAL)<br>ess days prior to or 90 days after   |
| fective date is listed, the date must be s of filing.)  | specific and cannot be more than five busin<br>t meet the applicable statutory filing requirer   | ess days prior to or 90 days after   |
| fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.   | specific and cannot be more than five busin<br>t meet the applicable statutory filing requirer   | ess days prior to or 90 days after   |
| fective date is listed, the date must be s of filing.) If the date inserted in this block does not ument's effective date on the Department.  | specific and cannot be more than five busin<br>t meet the applicable statutory filing requirer   | ess days prior to or 90 days after   |
| fective date is listed, the date must be soffiling.)  If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man This document is exectly an aware that any fall. | specific and cannot be more than five busin<br>t meet the applicable statutory filing requirer   | ess days prior to or 90 days after ments, this date will not be listed a few member.  (b), Florida Statutes. |
| fective date is listed, the date must be soffiling.)  If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man This document is exectly an aware that any fall. | meet the applicable statutory filing requirer at of State's records.  nember or an authorized representative of the statut of state in accordance with section 605.0203 (I lise information submitted in a document to the state of the state o | ess days prior to or 90 days after ments, this date will not be listed a few member.  (b), Florida Statutes. |

Page 2 of 2