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## **COVER LETTER**

	New Filing Section Division of Corporations		
SUBJEC	1208 SE FIRST, LLC		
SUBJEC		Limited Liabili	ity Company
The enclo	osed Articles of Organization and fee(s	) are submitted	for filing.
Please ret	turn all correspondence concerning this	matter to the f	following:
	Frances Casey Lowe		
		Name of	Person
	Guilday, Simpson, West, Hatch, Lo	we & Roane, F	P.A.
		Firm/Co	mpany
	68-A Feli Way		
		Addr	ess
	Crawfordville, Florida 32327		
	francie@francielowe.com	City/State an	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further	information concerning this matter, pl	ease call;	
	Michelle Maloni	850	926-8245
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$\frac{130.00}{\text{ Filing Fee & Certificate of Status}}	└── Certifi	00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & 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: The name of the Limited Liability	Company is:						
·	, ,						
1208 SE First, LLC							
(Must conta	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:				
Principal Office Address:			Mailing Address:				
2301 Old Bainbridge Road		230	2301 Old Bainbridge Road				
Tallahassee, Florida 3			ahassee, Florida 32303				
ARTICLE III - Registered Age: (The Limited Liability Company of another business entity with an action of the company of the c	cannot serve as its own ctive Florida registratio	Registered Agent.	rr's Signature: You must designate an individual	or			
The name and the Florida street a	duress of the registered	agent are:					
Frances Casey Lowe							
		Name					
	1983 Centre Pointe I	Blyd., Suite 200					
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)				
	Tallahassee	Florida	32308				
	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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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

High Level Holdings Florida, LLC

2301 Old Bainbridge Road

Tallahassee, Florida 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_. (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.)

<u>Note:</u> 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.

**REOUIRED 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.

Types 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)