

Division of Corporations
L18 0000 10632

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000015510 3)))



H180000155103ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Sue Burre
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

FILED
18 JAN 12 AM 11:37
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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

Email Address: jwaanders@johnslyng.com.au

FLORIDA LIMITED LIABILITY CO.
JOHNS LYNG RESTORATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

C RICO
JAN 12 2018

Electronic Filing Menu

Corporate Filing Menu

Help

H18000015510 3

**ARTICLES OF ORGANIZATION
FOR
JOHNS LYNG RESTORATION, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is: **JOHNS LYNG RESTORATION, LLC.**

ARTICLE II – Address:

The mailing address and physical address of the principal office of the Limited Liability Company are:

**One Independent Drive, Suite 1300
Jacksonville, Florida 32202**

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

F & L Corp

Name

One Independent Drive, Suite 1300

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32207

City, State, and 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 completed 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.



Chauncey W. Lever, Jr.
Authorized Signatory

JOHNS LYNG RESTORATION, LLC

By: 

Michael B. Kirwan, an authorized representative
Signature of a member or an authorized
representative of a member

FILED
18 JAN 12 AM 11:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(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.)

H18000015510 3