

Florida Department of State

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

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

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

Email Address: RPRITCHARD@davisfamilyoffice.comFLORIDA LIMITED LIABILITY CO.
ESTUARY INVESTMENTS, LLC*Estuary II, LLC*

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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MAR 21 2018
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March 19, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOLEY & LARDNER

SUBJECT: ESTUARY INVESTMENTS, LLC
REF: W18000026113

new name = Estuary II, LLC

We have received your document for ESTUARY INVESTMENTS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II
Amount charged: 125.00

FAX Aud. #: H18000085472
Letter Number: 918A00005473

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESTUARY II, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4310 Pablo Oaks Court
Jacksonville, FL 32224

Mailing Address:

4310 Pablo Oaks Court
Jacksonville, FL 32224

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert H. Pritchard

Name

4310 Pablo Oaks Court

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

Jacksonville

FL

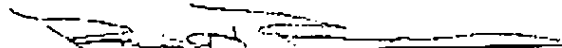
32224

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

Name and Address:

Dano A. Davis

4310 Pablo Oaks Court

Jacksonville, FL 32224

MGR _____

Jed V. Davis

4310 Pablo Oaks Court

Jacksonville, FL 32224

MGR _____

Burr R. Smith

4310 Pablo Oaks Court

Jacksonville, FL 32224

MGR _____

E. Ellis Zahra, Jr.

4310 Pablo Oaks Court

Jacksonville, FL 32224

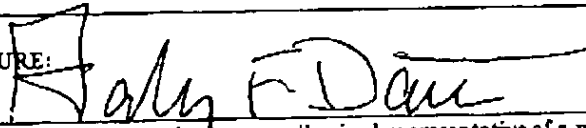
(Use attachment if necessary)

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.)

Note: 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.

REQUIRED 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.

Gardner F. Davis

Typed 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)