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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:

Sue Burre
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: d.butler@butlerenterprises.com

FLORIDA LIMITED LIABILITY CO. F&L FIDUCIARY SERVICES, LLC

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

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DIVISION OF CORPORATIONS
F&L FIDUCIARY SERVICES

DIVISION OF STATE
TALLAHASSEE, FLORIDA

18 JUN 20 PM 1:27

054659-010

**ARTICLES OF ORGANIZATION
FOR
F&L Fiduciary Services, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: **F&L Fiduciary Services, 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, FL 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 32202

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.

F & L Corp.

By:

Name: Michael B. Kirwan

Authorized Signatory

F&L Fiduciary Services, LLC

By:

Robert S. Bernstein, an authorized representative
Signature of a member or an authorized
representative of a member

(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.)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA