

L19000034775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

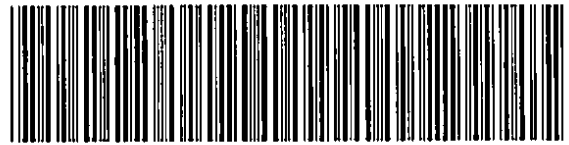
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900324569169

02/12/19--01001--012 \*\*250.00

19 FEB 12 AM 8:41

C RICO  
FEB 12 2019

FILED  
2019 FEB 12 AM 8:50  
ATTORNEY GENERAL  
ALABAMA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SDF Exchange, LLC  
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:

Shirley Falcon  
Name of Person

10150 Belle River Blvd #1805  
Address

Jacksonville, FL 32256  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shirley Falcon at 245, 803-5657  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒

\$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

2019 FEB 12 AM 8:51  
TALLAHASSEE, FL 32301  
RELEASED TO PUBLIC

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SDF Exchange, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

10150 Belle River Blvd  
#1903  
Jacksonville, FL

Mailing Address:

18827 Bienville Ct.  
Prairieville, LA 70769

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:

Shirley D Falcon  
Name

10150 Belle River Blvd #1903

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

Jacksonville, FL 32256  
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.

Shirley Falcon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2019 FEB 12 AM 8:50

CLERK OF COURT  
JUDICIAL DISTRICT 15TH  
JACKSONVILLE, FL 32202

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Shirley Falcon  
10150 Belle River Blvd #1905  
Jacksonville, FL 32256

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb. 13th 2019 (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.

SDF Exchange, LLC will pay health insurance for owner/mgrs.

REQUIRED SIGNATURE:

Shirley Falcon

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.

Shirley Falcon

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)

FILED

2019 FEB 12 AM 8:50

CLERK OF STATE  
ATTORNEY GENERAL