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(City/State/Zip/Phone #)	
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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE FALL SHASSEE, FLORIDA

VAR 07 200 Y SCHROEDER

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 | • 1-800-342-8062 • Fax (850) 222-1222

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I		[
MAKENA JAM	ES, LLC		
!			
j			Art of Inc. File
			LTD Partnership File
ı			Foreign Corp. File
			L.C. File
		<u> </u>	Fictitious Name File
l .			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
		_	Dissolution / Withdrawal
		_	Annual Report / Reinstatement
		_	Cert. Copy
1			Photo Copy
			Certificate of Good Standing
		_	Certificate of Status
		_	Certificate of Fictitious Name
		_	Corp Record Search
		_	Officer Search
1] -	Fictitious Search
Signature			Fictitious Owner Search
ı		_	Vehicle Search
	- 		Driving Record
Requested by: BA	3/6/19	-	UCC 1 or 3 File
Name	Date	Time _	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

ŢΟ:	New Filing Section Division of Corporations
SUBJE	Makena James, LLC
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Amy Marie Vo, Esq.
	Name of Person
	St. Johns Law Group
	Firm/Company
	104 Sea Grove Main Street
	Address
	St. Augustine, FL 32080
1	City/State and Zip Code avo@sjlawgroup.com
ļ	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Amy Marie Vo, Esq. 904 495-0400
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125,00 F	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LLC			
(Must	t contain the words "Limite	d Liability Company	y, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:				
The mailing address and str	eet address of the principal	office of the Limite	ed Liability Company is:	
Pri	incipal Office Address:		Mailing Ad	dross
•				
321 Forest Dune	: Drive		Forest Dune Drive	
St. Augustine, F	L 32080	<u>St.</u>	Augustine, FL 32080	
				
ARTICLE III - Registered				
(The Limited Liability Com	pany cannot serve as its ow	m Registered Agent.		ndividual or
another business entity with	i an active Florida registrati	ion.)		
The name and the Classic	mant adduces a fight a section	-d		
The name and the Florida st	reet address of the registere	ed agent are:		
	Amy Marie Vo, Esq	} .		
		Name		
	104 Sea Grove Mair	n Creat		
	Florida street addre		accentohle)	
	r torida street addre.	33 (1 .O. DOX <u>11921</u> 1	icceptable)	
	St. Augustine	FL	32080	
	City	State	Zip	
Having been named as register	red agent and to accept serv	rice of process for the	e above stated limited liab	vility company at the
Having been named as register place designated in this certific further agree to comply with the am familiar with and accept the	cate, I hereby accept the app ne provisions of all statutes r e obligations of my position	pointment as register relating to the proper as registered agent	red agent and agree to act r and complete performan as provided for in Chapte O	in this capacity. I
place designated in this certific further agree to comply with th	cate, I hereby accept the app ne provisions of all statutes r e obligations of my position	pointment as register relati <u>ng to</u> the proper	red agent and agree to act r and complete performan as provided for in Chapte O	in this capacity. I ace of my duties, and I ace of my duties, and I ace of SEC.
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MGR John D. Weeks 321 Forest Dune Drive St. Augustine, FL 32080 MGR Mary Lee Weeks 321 Forest Dune Drive St. Augustine, FL 32080 (Use attachment if necessary) E V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" =	= Authorized Member	Name and Address:
MGR Mary Lee Weeks 321 Forest Dune Drive St. Augustine, FL 32080 Mary Lee Weeks 321 Forest Dune Drive St. Augustine, FL 32080 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) cetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day f filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.		Manager	
MGR Mary Lee Weeks 321 Forest Dune Drive St. Augustine, FL 32080 (Use attachment if necessary) E V: Effective date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	MGR		John D. Weeks
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321 Forest Dune Drive St. Augustine, FL 32080 (Use attachment if necessary) E.V: Effective date, if other than the date of filing: ———————————————————————————————————	MGR		Mary Lee Weeks
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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 States constitutes a third degree falance are provided for in a Section 5.	ctive date is filling.) the date insent's effect CVI: Other p	rited in this block does not be determined in this block does not be determined by the determined by t	member or an authorized representative of a member. ceuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State;
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ARTICLE IV-