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N. SAMS

COVER LETTER

	ew Filing Section vision of Corporations	•		
CUBICCT	ST. JOHNS AVENUE DEVELOR	PMENT, LLC		
SUBJECT	ST. JOHNS AVENUE DEVELOR Name of	Limited Liabil	ty Company	
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the f	ollowing:	
	CHARLES T. DOUGLAS, JR.			
		Name of	Person	
	DOUGLAS LAW FIRM			
	Firm/Company			
	1301 ST. JOHNS AVE.			
	Address			
	PALATKA, FL 32177			
	Charlie@dhclawyers.com	City/State an	d Zip Code	
•	E-mail address: (to be u	sed for future a	nnual report notification)	
For further in	nformation concerning this matter, plo	ease call:		
	Charles Douglas	386	530-2955	
	Name of Person		Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	└──Certifi	of Filing Fee & S160.00 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DEVELOPMENT, LLC the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
TICLE II - Address:	race of the principal office	of the Limited Lightlity Company is
maining address and street addr	ress of the principal office	of the Limited Liability Company is:
<u>Principal (</u>	Office Address:	Mailing Address:
1301 ST. JOHNS AVE.	•	1301 ST. JOHNS AVE.

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

OTICLE 1 Name.

CHARLES T. DOUGLAS, JR.

Name

1301 ST. JOHNS AVE.

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

PALATKA FL 32177

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)

19.16H-3 AM 9:43

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR/MGR	CHARLES B. BATES, JR.
ANIDIONOR	3400 CRILL AVE., SUITE 2
	PALATKA, FL 32177
	111011111111111111111111111111111111111
AMBR	PRESTON B. SLOAN
	256 HWY, 17 W.
	PALATKA, FL 32178
AMBR	CHARLES B. BATES, III
	3400 CRILL AVE., SUITE 2
	PALATKA, FL 32177
AMBR	JOE H. PICKENS
	P.O. BOX 1374
	PALATKA, FL 32178
(If an effective date is listed, the date must the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as the third of State's records.
ARTICLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:	
,	1/19/ sky
Signature	f a member or an authorized representative of a member.
This document is of a lam aware that an	executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
<u>CHARLES</u>	T. DOUGLAS, JR.
	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)

ATTACHMENT FOR ARTICLES FOR FILING ST. JOHNS AVENUE DEVELOPMENT, LLC

TITLE: AMBR DANIEL MARTINEZ 320 Round Lake Road, Palatka, FL 32177

TITLE: AMBR ROBERT MILLS 1419 Reid St., Palatka, FL 32177

, TITLE: AMBR CHARLES T. DOUGLAS, JR. 1301 St. Johns Ave., Palatka, FL 32177