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(Requestor's Name)

(Address)

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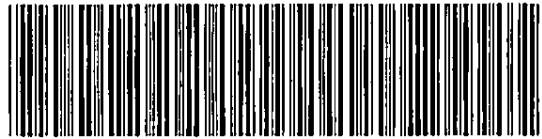
(Business Entity Name)

(Document Number)

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

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19 AUG 16 PM 4: 28

2019 AUG 16 AM 10: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 19 2019

K. Brumbley

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CAE 542 COLLINSFORD 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:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

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

For further information concerning this matter, please call:

STACY SMALL at (850) 893-4105  
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

**ARTICLES OF ORGANIZATION  
OF  
CAE 542 COLLINSFORD LLC**

**FILED**  
2019 AUG 16 AM 10: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **CAE 542 COLLINSFORD LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing of the business in Florida for the Company is: P.O. Box 6454, Tallahassee, Florida 32314. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: 1120 Pinecrest Drive, Tallahassee, Florida 32301. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: William Gay, and the initial, registered office is located at 1120 Pinecrest Drive, Tallahassee, Florida 32301.

7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

**Carolyn Always Enterprise, LLC  
P.O. Box 6454  
Tallahassee, Florida 32314**

**EXECUTED** at Tallahassee, Leon County, Florida this 15<sup>th</sup> day of August, 2019.

**CAROLYN ALWAYS ENTERPRISE, LLC**



By: \_\_\_\_\_  
**William Gay, Manager**

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **CAE 542 COLLINSFORD LLC**.
2. The name of the registered agent and office is: **WILLIAM GAY at 1120 Pinecrest Drive, Tallahassee, Florida 32301**.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**WILLIAM GAY, Registered Agent**