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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GINN 4 PATROU, PA Account Number : I20190000124

Phone

= (904)461-3000

: (844)730-9828

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Brail Address: Jacobsamerk & tengation tractors not

FLORIDA LIMITED LIABILITY CO.

SV Flagier, LLC

Certificate of Status Certified Copy 0

Page Count 02 Estimated Charge \$125.00

DEC 2 6 2019

K. PAGE

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Sec Division of Co						
SUBJE	SV Flagler LLC CCT: Name of Limited Liability Company						
30000							
The enc	losed Articles of	Organization and fee(s) are submitt	ed for filing.			
Please r	cturn all corresp	ondence concerning this	s matter to th	e following:			
	John R. Gin	n					
			Name	of Person	***************************************		
	Ginn & Patr	ou. PA					
		·	Firm/	Сотралу	·		
	770 ATA Be	ach Blvd., Ste D					
			Ad	dress			
	St. Augustin	e. FL 32080					
	iacobsamecki	Blenantcontractors.net	City/State	and Zip Code			
	<u> </u>		sed for futur	annual report notificat	ion)		
For furthe	r information co	ncerning this matter, pl	ease call;				
	John Ginn	at	904	461-3000			
	Nam	e of Person	Area Code	Daytime Telephon	e Number		
Enclosed	d is a check for t	he following amount:					
_	00 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)		
		g Address		Street Address			
New Filing Section Division of Corporations				New Filing Section Division The Centre of Tallahassee			
	P.O. B	ox 6327		2415 N. Monroe Stre	et, Suite 810		
	Tallah	ossee Fi 37314		Tallabassee El 3730	7		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SV Flagler LLC			
(Must con	atin the words "Limited Lia	ability Company	"L.L.C.," or "LLC.")
LE II - Address:			
ing address and street a	address of the principal offic	ce of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
5120 Sunbeam Rd		512	0 Sunbeam Rd
Jacksonville, FL 32: LE III - Registered Agnited Liability Companious business entity with an	ent, Registered Office, & y cannot serve as its own Ro active Florida (egistration.)	Jack Registered Age egistered AgenL	sonville, FL 32257 nt's Signature: You must designate an individua
Jacksonville, FL 32: LE III - Registered Agnited Liability Companious business entity with an	gent, Registered Office, & y cannot serve as its own Re active Florida registration.) address of the registered ag	Jack Registered Age egistered AgenL	nt's Signature:
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Jacksonville, FL 32: LE III - Registered Agnited Liability Companious business entity with an	gent, Registered Office, & y cannot serve as its own Re active Florida registration.) address of the registered as Ginn & Patrou, PA	Registered Age cgistered Agent) gent are: Name	nt's Signature: You must designate an individue

H pl fu 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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MBR	Jacob Sameck 5120 Sunbeam. I.L.C Jacksonville, FL 32257	
MBR	Tray Vause S120 Sunbeam, LLC Jacksonville, FL 32257	
effective date is listed, the date must be sp	e of filing: <u>12/16/2019</u> , (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da	ys after
CLE V: Effective date, if other than the date effective date is listed, the date must be specifically.	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be tof State's records.	
CLE V: Effective date, if other than the date effective date is listed, the date must be specifically. If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be tof State's records.	
CLE V: Effective date, if other than the date effective date is listed, the date must be spele of filing.) If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any, any can engage in any and all legal business REOURED SIGNATURE: Signature of a mathematical triangle of the companion of the compani	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be tof State's records.	
CLE V: Effective date, if other than the date effective date is listed, the date must be spele of filing.) If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any, any can engage in any and all legal business REOURED SIGNATURE: Signature of a mathematical triangle of the companion of the compani	meet the applicable statutory filing requirements, this date will not be to State's records. See activities The applicable statutory filing requirements, this date will not be to State's records. The applicable statutory filing requirements, this date will not be to State's records. The applicable statutory filing requirements, this date will not be a statute of Statutes. The applicable statutory filing requirement of the Department of State are statuted in a document to the Department of State.	