

L20000113110  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000124235 3))



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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
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2020 APR 28 PM 2:59

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
6526 LLC

2020 APR 28 PM 2:05  
FILED IN CASE 19-12291

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

6526 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:**

6527 Spyglass Circle, Fernandina Beach  
Amelia Island, FL 32034

**Mailing Address:**

6527 Spyglass Circle, Fernandina Beach  
Amelia Island, FL 32034

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:

Peter P. Green, Esquire

Name

8845 Ramblewood Drive, Unit 1704

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

Coral Springs

FL

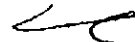
33071

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)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Dr. Calvin Knowlton  
6527 Seaglass Circle, Fernandina Beach  
Amelia Island, FL 32034

AMBR

Dr. Orsula Knowlton  
6527 Seaglass Circle, Fernandina Beach  
Amelia Island, FL 32034

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\_\_\_\_\_  
  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

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.

Peter P. Green, Authorized Representative

FILED IN SECTION 1200001242353

2020 APR 28 PM 2:05

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