(((H200001615713)))

(shown below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

| Email   | Address:  |  |  |
|---------|-----------|--|--|
| CIIIQIX | MUUI 622. |  |  |

## FLORIDA LIMITED LIABILITY CO. WEST DICKENS AND CLARK, LLC

SUN 0.1 2020

T. SCOTT

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

Electronic Filing Menu Corporate Filing Menu

Help

H20000161571 3

### **COVER LETTER**

| TO:          | New Filing Sec<br>Division of Cor       |  |                    | . \$  | , i   |
|--------------|---|--|--------------------|---|---|
| SUBJEC       |   | CKENS AND CLA  | RK, LLC            | •   |   |
| SOBSER       | ~ • • · · · · · · · · · · · · · · · · · | Name   | of Limited Liab    | lity Company  |   |
| The enc      | lused Articles of                       | Organization and fo  | cc(s) are submitte | d for filing.   |   |
| Please re    | turn all correspo                       | ondence concerning   | this matter to the | following:  |   |
|              | John Holmst                             | rom  |                    |   |   |
|              | <del></del>                             |  | Name o             | f Person  |   |
|              | A C Johnsto                             | n, Ltd.  |                    |   |   |
|              |   |  | Firm/C             | отрапу  |   |
|              | 1401 North :                            | Second Street  |                    |   |   |
|              |   |  | Ado                | iress   | İ   |
|              | Rockford, II                            | linois 61107   |                    |   | }   |
|              |   | A  | -                  | ınd Zip Code  | <u> </u>  |
|              |   | m@acjohnston.com<br>F-mail address: (to )                              | <del></del>        | annual report notificati  | on)   |
| For furthe   |   | ncerning this matte  |                    | unium ropost storitoris   |   |
|              | John Holmst                             | _  | 815                | 963-7438  | 1   |
|              | Nam                                     | ne of Person   | Area Code          | Daytime Telephon  | c Number  |
| Enclose      | d is a check for t                      | he following amour   | nt:                |   | 1   |
| <b>国S125</b> | .00 Filing Fee                          | ☐\$130.00 Filing<br>Certificate of Sta                                 | etus Certi         | 55.00 Filing Fee & fied Copy nal copy is enclosed)  | ☐S160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |
|              | New F<br>Divisi<br>P.O. E               | ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314 |                    | Street Address New Filing Section Der The Centre of Taliaha 2415 N. Monroe Stree Taliahassee, FL 3230 | nssee<br>et, Suite 810  |

#### H20000161571 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability   | Company is:             |                 |   |                |
|--|-------------------------|-----------------|---|----------------|
| WEST DICKENS AN  |                         | Liability Cor   | mpany, "L.L.C.," or "LLC.")   | !              |
| (Mast collate  | in the words Entared    | Liudinty Co.    | iqually, E.E.C., or EEC. y  | :              |
| ARTICLE II - Address:<br>The mailing address and street add  | dress of the principal  | office of the I | Limited Liability Company is:   |                |
| <u>Principa</u>  | Office Address:         |                 | Mailing Address:  | İ              |
| Unit 110 Ocean Gran<br>Hillsboro Beach, FL 3   |                         | ile             | Unit 110 Ocean Grande, 1063 Hillsborn Beach, FL 33062                     | oro Mi         |
| ARTICLE III - Registered Ager<br>(The Limited Liability Company of<br>another business entity with an ac | cannot serve as its ow  | n Registered.   | ed <b>Agent's Signature:</b><br>Agent. You must designate an individual o | o <del>r</del> |
| The name and the Florida street a  | ddress of the registere | ed agent are:   |   |                |
|  | Corporation Service     | e Company       |   |                |
|  |                         | Name            | <del></del>   |                |
|  | 1201 Hays Street        |                 |   | 1              |
|  | Florida street addre    | ss (P.O. Box    | NOT acceptable)   |                |
|  | Tallahassec             | FL              | 32301   |                |

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.

Corporation Service Company

State

City

Registered Agent's Signature (REQUIRED)

KADESHA ROBERSON, ASST. VICE

PRESIDENT

Zip

(CONTINUED)

FILEU 2020 HAY 29 AM 11: 43

# H20000161571 3

| Title: "AMBR" = Aut "MGR" = Mana   |  |
|--|--|
| MGR  | Charles J Howard Unit 110 Ocean Grande, 1063 Hillsboro Mile Hillsboro Beach, FL 33062  |
| MGR  | Jeffry Potter  1401 North Second Street  Rockford, II, 61107   |
|  |  |
|  |  |
|  |  |
| EV: Effective of   | te, if other than the date of filing: (OPTIONAL)   |
| ective date is list<br>of filing.)<br>the date inserted  | te, if other than the date of filing:  |
| E.V: Effective cective date is list of filing.) the date inserted ment's effective E.VI: Other pro-  | ite, if other than the date of filing:   |
| EV: Effective dective date is list of filing.) (the date inserted ment's effective EVI: Other professional State of the country of the countr | ite, if other than the date of filing:   |
| EV: Effective dective date is list of filing.) (the date inserted ment's effective EVI: Other professional State of the country of the countr | Signature of a member or an authorized representative of a member.  Chis document is executed in accordance with section 605.0203 (1) (b), Florida Statute am aware that any false information submitted in a document to the Department of State. |