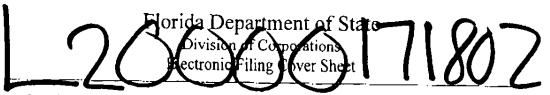
6/25/2020

Division of Corporations



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(((H200001964263)))



H200001964283ABC/

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone

: (904)398-3911

Fax Number

: (904)396-0663

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## FLORIDA LIMITED LIABILITY CO. FORT CAROLINE INVESTMENTS, LLC

Certificate of Status	0
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Page Count	03
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H20000196426

## COVER LETTER

TO:	New Filing Se Division of C				
SUBJE	Fort Card	line Investments, I	LC		
	···	Nai	ne of Limited I.	ability Company	
The enc	losed Articles o	f Organization and	fcc(s) are subm	itted for filing.	
Picase r	eturn all corres	ondence concernit	g this matter to	the following:	
	Zachary M	iller, Esq.			
	_		Nam	c of Person	•
	1500 D.			v/Сотралу ¯	
	1000 River	side Avenue, Suite ————————————————————————————————————	800 	<u> </u>	·
			A	Address	
	Jacksonvill	c, Florida 32204			
	zach_miller@	Dbellsouth.net	City/Stat	e and Zip Code	
		E-mail address: (to	be used for futi	ire annual report notific	cation)
For furthe	r information co	oncerning this matte	er, please call:		
	Zachary Mij	iler	904 at (	463-8843	
	Nan	nc of Person	Area Cod		one Number
Enclosed	l is a check for	the following amou	nt:		
<b>□\$</b> 125,	00 Filing Fee	□\$130.00 Filin Certificate of St	atus Ce	\$155.00 Filing Fcc & rtified Copy ional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations		New Filing Section The Centre of Talls	
	P.O. E	30x 6327		2415 N. Monroe St	reet, Suite 810
	Tallah	assee, FL 32314	-	Tallahassee, FL 32.	303

H20000196426

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

Fort Caroline Inve	estments, LLC		
(Must c	ontain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and stree	et address of the principal o	ffice of the Limited I	Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
1000 Riverside A	vanue Suite 800	1000	Riverside Avenue Suite 400
The Limited Liability Compa	Agent, Registered Office, any cannot serve as its own	Jacks  & Registered Agent Registered Agent, Y	onville, Florida 32204
RTICLE III - Registered A the Limited Liability Compa nother husiness entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered Agent Registered Agent, Y	onville, Florida 32204
RTICLE III - Registered A	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered Agent Registered Agent, Y	onville, Florida 32204
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own on active Florida registrationet address of the registered	& Registered Agent Registered Agent, Y	onville, Florida 32204
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own on active Florida registrationet address of the registered	& Registered Agent Pagent Agent Agen	onville, Florida 32204
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own in active Florida registration set address of the registered Zachary Miller, Esq.	& Registered Agent. Yon.)  I agent are:  Name	onville, Florida 32204  t's Signature: ou must designate an individua
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own on active Florida registration set address of the registered Zachary Miller, Esq. 1000 Riverside Aven	& Registered Agent. Yon.)  I agent are:  Name	onville, Florida 32204  t's Signature: ou must designate an individua

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.,

Zach Willer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

II20000196426

	" = Authorized Memi = Manager	Name and Address:
<u>MG</u> R		Padgett Holdings, LLC 1000 Riverside Avenue Suite 800 Jacksonville, Florida 32204
	<del></del>	
CLE V: Eff	chment if necessary)	n the date of filing: (OPTIONAL)
CLE V: Effective dangle of filling.) If the date cument's ef	ective date, if other the is listed, the date no inserted in this block fective date on the Deater provisions, if any.	In the date of filing:
CLE V: Effective dangle of filling.) If the date councent's ef	ective date, if other the te is listed, the date in inserted in this block fective date on the Dener provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.
CLE V: Effective dangle of filling.) If the date councent's ef	ective date, if other that is is listed, the date in inserted in this block fective date on the Deter provisions, if any.	Jack Willer
CLE V: Effective du te of filling.) If the date cument's ef	inserted in this block feetive date on the Desire provisions, if any.  Signature This document I am aware tha	does not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.
CLE V: Effective dangle of filling.) If the date councent's ef	sective date, if other that is listed, the date in inserted in this block fective date on the Desire provisions, if any.  Signature This document I am aware that constitutes a the isolater in the constitutes at the inserted in this block feet in the constitute in the consti	Jack Miller  Te of a member or an authorized representative of a member.  is executed in accordance with section 605.0203 (1) (b), Florida Statules, any false information submitted in a document of the Denorman of State.