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2020 SEP -4 AMII: 17 SECREDARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO:	New Filing Sec Division of Co				٠,	B	
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SUBJE		SOUTHERN SAPPHIRE, LLC T:					
		Name of Lir	nited Liabilit	y Company			
The end	closed Articles of	Organization and fee(s) ar	e submitted f	for filing.			
Please :	return all corresp	ondence concerning this ma	itter to the fo	llowing;			
	STACY SM	ALI.					
	***	·	Name of I	Person			
	SMITH THE	OMPSON SHAW					
			Firm/Con	прапу	-		
	3520 THON	1ASVILLE ROAD - 4TH I	LOOR				
	·		Addre	ss			
	TALLAHAS	SSEE, FL 32309					
		C	ity/State and	Zip Code			
		E-mail address: (to be used	for future ar	nual report notificati	on)		
For furth	er information co	ncerning this matter, please	call:				
	STACY SM,	ALL at (850	893-4105			
	Nan	ne of Person A	rea Code	Daytime Telephon	e Number		
Enclose	ed is a check for t	he following amount:					
≡ \$125	i.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	00 Filing Fee & d Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	d)	
	New F Divisi P.O. B	ng Address Filing Section on of Corporations fox 6327 passee, FL 32314	N T 2	itreet Address lew Filing Section Di he Centre of Tallaha 415 N. Monroe Stree 'allahassee, FL 3230	ussee et, Suite 810		

FILED

ARTICLES OF ORGANIZATION SEP -4 AMII: 17

SECRETARY OF STATE TALLAHASSEE, FL

OF

SOUTHERN SAPPHIRE, LLC

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 **SOUTHERN SAPPHIRE**, 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 address of the business is 2809 Hannon Hill Drive, Tallahassee, Florida 32309. 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 2809 Hannon Hill Drive, Tallahassee, Florida 32309. Such address may be changed from time to time as provided in the Operating Agreement.

6. REGISTERED AGENT AND OFFICE.

The initial registered agent in Florida for the Company is: SUSAN S. THOMPSON at located at 3520 Thomasville Road, Fourth Floor, Tallahassee, FL 32309.

7. MANAGEMENT.

The name and address of the Manager of the Limited Liability Company are:

Yvonne S. Smart 2809 Hannon Hill Drive Tallahassee, Florida 32309

DATED this 3 day of September, 2020.

YVONNE S. SMART

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 **SOUTHERN SAPPHIRE**, LLC.
- 2. The name of the registered agent and office is: **SUSAN S. THOMPSON** at 3520 Thomasville Road, Fourth Floor, Tallahassee, FL 32309.

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.

SUSAN S. THOMPSON, Registered Agent

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