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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PYLE, DELLINGER & DUZ, PLLC
Account Number : I20000000053
Phone : (386)615-9007
Fax Number : (386)676-2615

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

Email Address: dreed@wakehealth.edu

FLORIDA LIMITED LIABILITY CO.

42 S. Grandview, LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION
OF
42 S. GRANDVIEW, LLC

ARTICLE I - NAME

The name of the limited liability company is 42 S. GRANDVIEW, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
42 S. Grandview Ave., Unit 1
Daytona Beach, FL 32118

Mailing Address:
15 Old Lexington Road
Thomasville, NC 27360

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Deborah C. Reed
42 S. Grandview Ave., Unit 1
Daytona Beach, FL 32118

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.

Deborah C Reed
Deborah C. Reed

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

MGR

Deborah C. Reed
15 Old Lexington Road
Thomasville, NC 27360

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be November 24, 2020.

REQUIRED SIGNATURE:

Deborah C Reed

Signature of 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.

Deborah C. Reed

Typed or printed name of signee

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