

2/16/2021

L21000068077

Division of Corporations

Florida Department of State

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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.
AFFORDABLE COMMERCIAL WAREHOUSES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2021 FEB 17 AM 8:21

2021 FEB 17 PM 4:52

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company shall be:

AFFORDABLE COMMERCIAL WAREHOUSES, LLC

ARTICLE II

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:

2120 CORPORATE SQUARE BLVD,
SUITE #30
JACKSONVILLE, FL 32216

Mailing Address:

P.O. BOX 19888
JACKSONVILLE, FL 32245

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ARTICLE III

The Name and the Florida street address of the Registered Agent is:

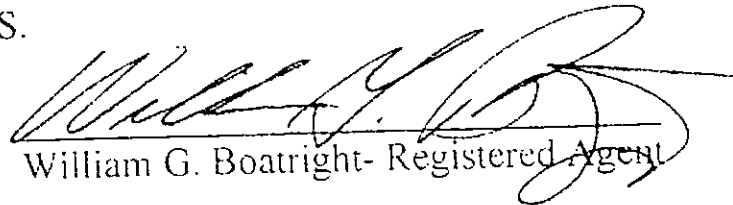
WILLIAM G BOATRIGHT
2120 CORPORATE SQUARE BLVD, SUITE #30
JACKSONVILLE, FL 32216

Having been named as the 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

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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 608, F.S.


William G. Boatright- Registered Agent

ARTICLE IV

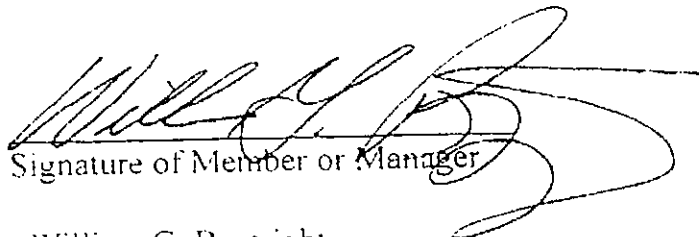
The name and address of each Manager or Managing Member is as follows:

WILLIAM G BOATRIGHT- MGR/MGRM
P.O. BOX 19888
JACKSONVILLE, FL 32245

ARTICLE V

The effective date, if other than the date of filing: Date of Filing

REQUIRED SIGNATURE:


Signature of Member or Manager
William G. Boatright
Typed or Printed Name of Signee

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