

L21000169923

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000157086 3)))



H210001570863ABC/

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 : GINN & PATROU, PA
Account Number : 120190000124
Phone : (904)461-3000
Fax Number : (844)730-9828

FILED

2021 APR 20 AM 11:15

MAIL ROOM, PL

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

Email Address: jginn@ginnpatrou.com

RECEIVED

2021 APR 20 AM 10:24

NATIONAL
REGISTRAR

FLORIDA LIMITED LIABILITY CO.
6824 A Ave, LLC

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

#21000157086 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 6824 A Ave, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John R Ginn, Esq
Name of Person
Ginn & Patrov, PA
Firm/Company
770 AIA Beach Blvd, Ste D
Address
St. Augustine, FL 32080
City/State and Zip Code
jginn@ginnpatrov.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ginn at (904) 461 3000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☐ \$130.00 Filing Fee &
Certificate of Status
- ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)
- ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 APR 20 AM 11:15
ALL INFORMATION
PL

H2100010 1000 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

6824 A Ave, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:770 AIA Beach Blvd, Ste D
St Augustine, FL 32080Mailing Address:752 Tides End Dr
St Augustine, FL 32080

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John Ginn

Name

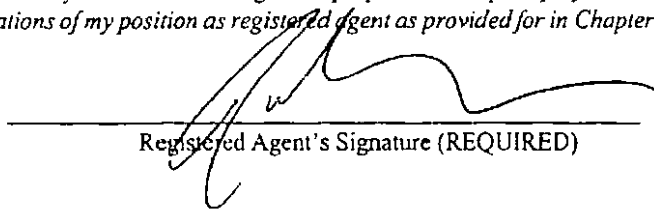
770 AIA Beach Blvd, Ste DFlorida street address (P.O. Box **NOT** acceptable)St. Augustine, FL 32080

City

State

Zip

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 APR 20 AM 11:15
FILED
CLERK OF CIRCUIT COURT
FLORIDA

TZ100015 10863

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MBR

MBR

Name and Address:

John Ginn

752 Tides End Dr

St Augustine, FL 32080

Bernie Wade Comer

6816 A Ave

St Augustine, FL 32080

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or 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.

Bernie Wade Comer

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ALLAHOUCHE, FL
DATE

2021 APR 20 AM 11:15