6/17/2021

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.

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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

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

Email Address: JScfton@rtlaw.com

FLORIDA LIMITED LIABILITY CO. RICHARDSON TIMBER & LAND COMPANY LLC

Certificate of Status 0 Certified Copy 0 Page Count 02 \$125.00 Estimated Charge

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H21000239252

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Richardson Timber & Land Company 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:	<u>praning Address</u> .
5264 Sea Chase Drive, #4	5264 Sea Chase Drive, #4
Fernandina Beach, Florida 32034	Fernandina Beach, Florida 32034

·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:

		Name			,
	1301 Riverplace Bo	ulevard, Suite 1500		22 T	
	Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)		1
	Jacksonville	FL	32207	<u></u>	
				; _ _	•
	City gistered agent and to accept serv				; :
place designated in this cer further agree to comply wi	City	vice of process for the pointment as registere relating to the proper	above stated limited lia d agent and agree to ac and complete performa	et in this capacity. I nce of my duties, and I	; ;
place designated in this cer further agree to comply wi	City gistered agent and to accept serverificate, I hereby accept the app ith the provisions of all statutes to pt the obligations of my position	vice of process for the pointment as registere relating to the proper	above stated limited lia ad agent and agree to ac and complete performa is provided for in Chapt	et in this capacity. I nce of my duties, and I	; ;

(CONTINUED

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

From: ROGERSTOWERS

H21000239252

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
-	MUN's TOP Leaders	
Manager	William T. Richardson 5264 Sea Chase Drive. #4	-
	Fernandina Beach, Florida 32034	
Manager	Deborah L. Richardson	_
	5264 Sea Chase Drive, #4	
	Fernandina Beach, Florida 32034	
		-
		-
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	 (
(Use attachment if necessary)		
		·• :
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