

L220000447810335

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.

((H22000044781 3)))



H220000447813ABC

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 : I.N.C. CORPORATE SERVICES
Account Number : I20000000011
Phone : (718)888-7773
Fax Number : (718)888-8559

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB -3 PM 1:10

FILED

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

Email Address: cs@incfilings.com

FLORIDA LIMITED LIABILITY CO.

10826 JASPER LLC

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

D. O'KEEFE

FEB - 4 2022

Electronic Filing Menu

Corporate Filing Menu

Help

2022 FEB -3 PM 1:10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

10826 JASPER 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:

10826 NW 37TH STREET

JASPER, FL 32052

Mailing Address:

219 S HAMILTON SPRINGS ROAD

ST AUGUSTINE, FL 32084

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:

PHILIP MITCHELL

Name

10826 NW 37TH STREET

Florida street address (P.O. Box **NOT** acceptable)

JASPER

FL

32052

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 I 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)

FILED
2022 FEB -3 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

PHILIP MITCHELL
10826 NW 37TH STREET
JASPER, FL 32052

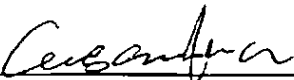
(Use attachment if necessary)

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

PHILIP MITCHELL

Typed or printed name of signer

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)

FILED
 2022 FEB -3 PM 1:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA