

L22000383294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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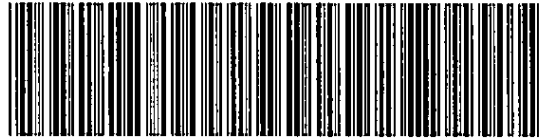
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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ARTICLES OF ORGANIZATION
OF
PACE FOURTEEN SIXTEEN, LLC

ARTICLE I – NAME

The name of the limited liability company is Pace Fourteen Sixteen, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

3957 Susan Drive
Green Cove Springs, Florida 32043

Mailing Address:

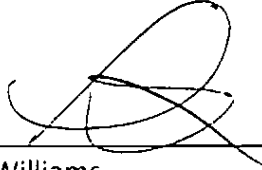
3957 Susan Drive
Green Cove Springs, Florida 32043

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

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

Larry S. Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

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.



Larry S. Williams

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Larry S. Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

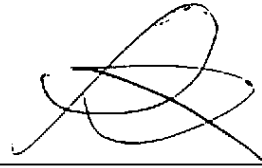
AMBR

Susan Lemen Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

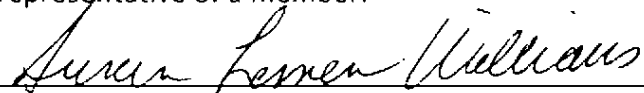
22 AUG 23 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:



Signature of Larry S. Williams an authorized representative of a member.



Signature of Susan Lemen Williams 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.

Larry S. Williams

Typed or printed name of signee

Susan Lemen Williams

Typed or printed name of signee

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OF
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Mailing Address:
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Green Cove Springs, Florida 32043

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REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

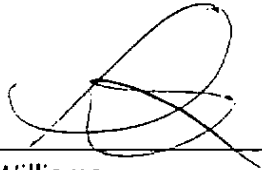
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Larry S. Williams

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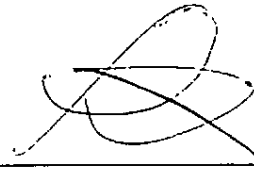
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Larry S. Williams
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Green Cove Springs, Florida 32043

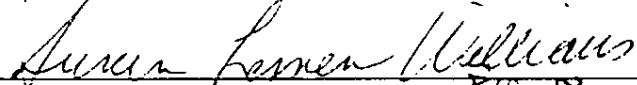
AMBR

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3957 Susan Drive
Green Cove Springs, Florida 32043

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Larry S. Williams

Typed or printed name of signee

Susan Lemen Williams

Typed or printed name of signee

FILED
22 AUG 23 PM 3
SECRETARY OF
STATE
TALLAHASSEE, FL