# Electronic Articles of Organization For Florida Limited Liability Company

L22000503180 FILED 8:00 AM November 29, 2022 Sec. Of State dlokeefe

## **Article I**

The name of the Limited Liability Company is:

NORTH WEST FLORIDA SAFETY INSTITUTE LLC

#### **Article II**

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

1049 E JOHN SIMS PKWY NICEVILLE, FL. 32578

The mailing address of the Limited Liability Company is:

8301 CYPRESS PLAZA DR SUITE 3-117 JACKSONVILLE, FL. UN 32256

# **Article III**

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

STALVEY LAW OFFICES LLC 8301 CYPRESS PLAZA DR SUITE 3-117 JACKSONVILLE, FL. 32256

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.

Registered Agent Signature: MARK ALLEN

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR MARK ALLEN 24469 HARBOUR VIEW DR PONTE VEDRA, FL. 32082 UN

Title: MBR JANETTE ALLEN 24469 HARBOUR VIEW DRIVE PONTE VEDRA BEACH, FL. 32082 UN

Title: MBR PAUL D TRIPPY 8323 SW 64TH PL GAINESVILLE, FL. 32608

Signature of member or an authorized representative

Electronic Signature: MARK ALLEN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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