

123000083944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

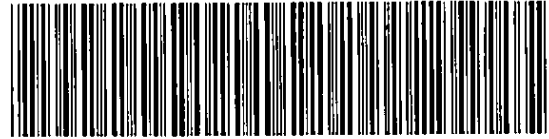
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ARTICLES OF ORGANIZATION
OF
FULLER, DUSINBERRE, HORNE, PLLC

ARTICLE I

The name of the Limited liability company is **FULLER, DUSINBERRE, HORNE, PLLC**.

ARTICLE II

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

1845 East West Parkway
Suite 18
Fleming Island, Florida 32003

The mailing address of the Limited Liability Company is:

1845 East West Parkway
Suite 18
Fleming Island, Florida 32003

ARTICLE III

Other provisions, if any:

1. THE PURPOSE OF THE LLC SHALL BE THE PRACTICE OF LAW PURSUANT TO THE FLORIDA PROFESSIONAL SERVICE CORPORATION AND LIMITED LIABILITY COMPANY ACT.
2. THE LLC SHALL BE MEMBER MANAGED AS FURTHER SET FORTH IN THE OPERATING AGREEMENT.

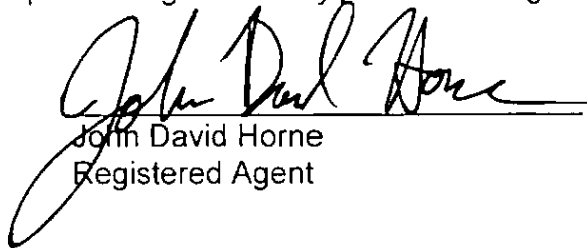
ARTICLE IV

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

FILED
2023 FEB 23 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

John David Horne
1845 East West Parkway
Suite 18
Fleming Island, Florida 32003

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 obligation of my position as registered agent.



John David Horne
Registered Agent

ARTICLE V

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

Title: MGR

John David Horne
1845 East West Parkway, Suite 18
Fleming Island, Florida 32003

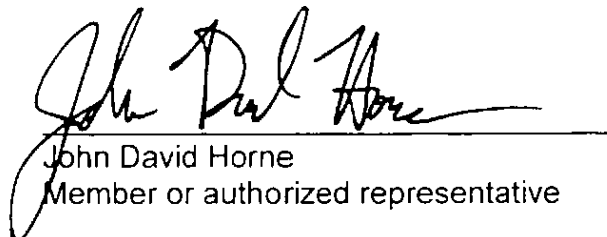
Title: MGR

Elizabeth S. Dusinberre
1845 East West Parkway, Suite 18
Fleming Island, Florida 32003

Title: MGR

Barry J. Fuller
1845 East West Parkway, Suite 18
Fleming Island, Florida 32003

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TALLAHASSEE, FL



John David Horne
Member or authorized representative

I am the member or authorized representative submitting these Articles of Organization and affirm that the fact 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 the formation of the LLC and every year thereafter to maintain "active" status.

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SECRETARY OF STATE
TALLAHASSEE, FL