

W23000201381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

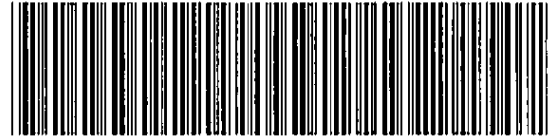
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000058392

Office Use Only



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*[Handwritten signature]*

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2023 APR 21 AM 11:20  
FLORIDA  
ED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2023 APR 24 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 21, 2023

CORPORATE ACCESS INC.

SUBJECT: JOHNSTON FAMILY HOLDINGS LLC  
Ref. Number: W23000058392

*Corrected*

We have received your document for JOHNSTON FAMILY HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000376153.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 123A00008997

FILED  
2023 APR 25 AM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERRANEAU JOHNSTON FAMILY HOLDINGS 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:

Mailing Address:

5133 SW 202ND AVE.

SOUTHWEST RANCHES, FL 33332

5133 SW 202ND AVE.

SOUTHWEST RANCHES, FL 33332

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:

SHARON JOHNSTON

Name

5133 SW 202ND AVE.

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

SOUTHWEST RANCHES FL

33332

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.*

Sharon Johnston

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2023 APR 24 PM 11:48  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

SHARON JOHNSTON  
5133 SW 202ND AVE.  
SOUTHWEST RANCHES, FL 33332

MGR

SHAWN JOHNSTON  
5133 SW 202ND AVE.  
SOUTHWEST RANCHES, FL 33332

(Use attachment if necessary)

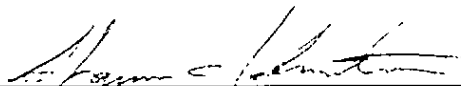
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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.

Shawn Johnston

Typed or printed name of signee

FILED  
2023 APR 24 PM 4:48  
TALLAHASSEE, FL  
SECRETARY OF STATE

**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)