

224000118728

(Requestor's Name)

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(City/State/Zip/Phone #)

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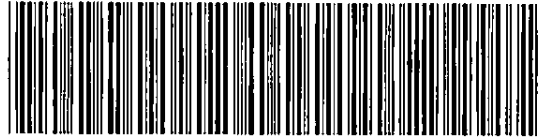
(Business Entity Name)

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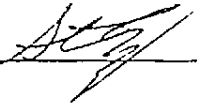
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

3660-A Clubhouse Drive, LLC

Please Debit FCA000000003 For: 160

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ ☒ Photo Copy _____
____ ☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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ARTICLES OF ORGANIZATION
OF
3660-A CLUBHOUSE DRIVE, LLC

ARTICLE I – NAME

The name of the limited liability company is **3660-A Clubhouse Drive, 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 Stuart 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 Stuart Williams

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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:

MGR

Larry Stuart Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

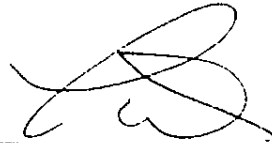
AMBR

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

ARTICLE V - OTHER MATTERS

This corporation is authorized to conduct any lawful business allowed by applicable law.

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 817.155, F.S.

Larry S. Williams

Typed or printed name of signee

2021/06/14 8:25
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