## **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SODL & INGRAM PLLC

Account Number : I20190000071 Phone : (904)257-5777 Fax Number : (904)347-2738

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 🛴

Email Address:

FLORIDA LIMITED LIABILITY CO.

Certificate of Status	0
Certified Copy	0
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1333 N 3RD LLC

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ARTICIZSUF	UNGANIZATION FUR FLA	OKIDA LIMETEDILA	ABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	Company is:			
1333 N 3RD LLC				
(Must conta	in the words "Limited Lial	oility Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	e of the Limited Lia	bility Company is:	
Principa	l Office Address:		Mailing Address:	
2440 MAYPORT RO	AD		AYPORT ROAD	
SUITE 3 ATLANTIC BEACH	ET 12211	SUITE	TIC BEACH, FL 32233	
ARTICLE III - Registered Ages (The Limited Liability Company) another business entity with an ac-	cannot serve as its own Re	Registered Agent's gistered Agent, You	Signature: must designate an individual or	
The name and the Florida street a	ddress of the registered ag	ent are:		
	ELIAS HIONIDES			
	N	ame		
	2440 MAYPORT ROAL	D, SUITE 3		
	Florida street address (P	.O. Box <u>NOT</u> accep	otable)	
	ATLANTIC BEACH	FLORIDA	32233	-
	City	State	Zip	
		- C C tha ak	owe stated limited liability company	/16

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 usent as provided for in Chapter 603. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## (((H25000173304 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	. Name and Address:
MGR	ELIAS HIONIDES 2440 MAYPORT ROAD, SUITE 3 ATLANTIC BEACH, FL 32233
EV: Effective date, if other than the da ective date is listed, the date must be s	ate of filing:
ective date is listed, the date must be soffiling.)  the date inserted in this block does not ment's effective date on the Department.  EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, this date will not be I nt of State's records.
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