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FILED

95 MAR -1 AM 12:13

SECRETARY OF STATE
TALLAHASSEE, FL

FEBRUARY 20, 1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FL 32314

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***285.00 ***285.00

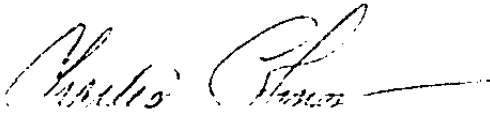
TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND THE FOLLOWING DOCUMENTS:

1. ARTICLES OF ORGANIZATION FOR JOHNSON SPARROW, L.C.
2. AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS FOR JOHNSON SPARROW, L.C.
3. CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE FOR JOHNSON SPARROW, L.C.
4. A CHECK IN THE AMOUNT OF \$285 FOR THE FILING FEES FOR ARTICLES OF ORGANIZATION AND AFFIDAVIT, AND DESIGNATION OF REGISTERED AGENT.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT 407-790-3235.

SINCERELY,



CHARLES JOHNSON

CC: LEEANN GIES, ACCOUNTANT

MA
3-2-95

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

JOHNSON SPARROW, L.C.

ARTICLE II

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE
OF THE LIMITED LIABILITY COMPANY IS:

14001 COLUMBINE AVE
WELLINGTON, FL 33414

ARTICLE III

THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY SHALL
BE:

FROM FEBRUARY 20, 1995 THROUGH FEBRUARY 20, 2025

ARTICLE IV

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBERS
AND THE NAME AND ADDRESS OF THE MANAGING MEMBERS ARE:

CHARLES JOHNSON
14001 COLUMBINE AVE
WELLINGTON, FL 33414

LINDA JOHNSON
14001 COLUMBINE AVE
WELLINGTON, FL 33414

ARTICLE V

THE RIGHT OF THE REMAINING MEMBERS TO ADMIT ADDITIONAL
MEMBERS SHALL BE GIVEN UPON A UNANIMOUS VOTE BY THE MEMBERS.

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SECRETARY OF STATE
FLORIDA

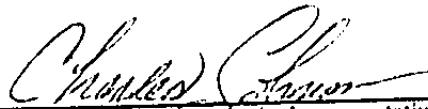
ARTICLE VI

THE RIGHT OF THE REMAINING MEMBERS OF THE LIMITED LIABILITY COMPANY TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY, OR DISSOLUTION OF A MEMBER OR THE OCCURRENCE OF ANY EVENT WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE LIMITED LIABILITY COMPANY SHALL BE GIVEN UPON THE UNANIMOUS VOTE OF THE REMAINING MEMBERS.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
JOHNSON SPARROW, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,678
- 3) If any, the agreed value of property other than cash contributed by member(s) is
\$ 9,086. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 10,764. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$ 250 for Articles of Organization and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

JOHNSON SPARROW, L.C.

2. The name and address of the registered agent and office is:

CHARLES JOHNSON

(Name)

14001 Columbine Ave

(P.O. Box not acceptable)

WELLINGTON, FL 33414

(City/State/Zip)

SECTION OF STATE
TALLAHASSEE, FLORIDA

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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.

Charles Johnson

(Signature)

2-20-95

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

06 APR 26 PM 5:10

CLERK OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L95000000161

JOHNSON SPARROW, L.C.
14001 COLUMBINE AVE.
WELLINGTON FL 33414

1a. Principal Place of Business Address

14001 COLUMBINE AVE.
WELLINGTON FL 33414

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

03/01/1995

FL

4. FET Number

65-0567118

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ \$275 Additional Fee Required

7. Name and Address of Current Registered Agent

JOHNSON, CHARLES
14001 COLUMBINE AVE.
WELLINGTON FL 33414

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM JOHNSON, CHARLES

14001 COLUMBINE AVE.

WELLINGTON FL

MGRM JOHNSON, LINDA

14001 COLUMBINE AVE.

WELLINGTON FL

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****238.75 ****238.75

Charles Johnson
4/26/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Charles Johnson CHARLES JOHNSON 4/10/96 (407) 7903235