

Rogers, Towers, Bailey, Jones & Gay

Requestor's Name

106 South Monroe Street - 2nd Floor

Address

Tallahassee, FL 32301 222-7200

City/State/Zip

Phone #

Call Pat @ 222-7200 if problems.

Office Use Only

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 NOV 10 PM 12:43

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. North East Florida Land, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

200002684322-5
-11/10/98-01042-001
****285.00 ****285.00

☒ Walk in

☒ Pick up time 11-10-98

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

* Please return a filed stamped copy.
Thanks

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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ARTICLES OF ORGANIZATION

OF

NORTH EAST FLORIDA LAND, LLC

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The undersigned adopt the following Articles of Organization for the purpose of becoming a limited liability company under Chapter 608, the Florida Limited Liability Company Act:

ARTICLE I

Name

The name of the limited liability company, referred to in these Articles as "Company," is NORTH EAST FLORIDA LAND, LLC.

ARTICLE II

Duration

The period of duration of Company is the date these Articles of Organization are filed by the Florida Department of State until December 31, 2021.

ARTICLE III

Purpose

The purpose for which Company is organized is to transact any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

ARTICLE IV

Principal Address

The address of Company's principal place of business in Florida is 105 S. Ponce de Leon Blvd., St. Augustine, Florida 32086. This is also the Company's mailing address.

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ARTICLE V

Registered Agent and Office

The name of Company's initial registered agent in Florida is C. Kelly Smith. The address of Company's registered office in Florida is 105 S. Ponce de Leon Boulevard, St. Augustine, Florida 32086.

ARTICLE VI

Capital Contributions

Contributions to the Company by each member are as follows:

- (a) C. Kelly Smith has made a cash contribution of One Thousand and 00/100 (\$1,000.00) Dollars.
- (b) No property contributed.

ARTICLE VII

Management

The Company is to be managed by its members. The initial member is identified as follows:

C. Kelly Smith, whose address is: 105 Ponce de Leon Blvd. St. Augustine, Florida 32084.

ARTICLE VIII

Admission of New Members

Members shall have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

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ARTICLE IX

Additional Provisions

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the members, subject to any provision of the Operating Agreement between the members.

IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned have executed these Articles of Organization on this 2ND day of NOV., 1998.

C. Kelly Smith
C. Kelly Smith

STATE OF FLORIDA
COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority personally appeared C. Kelly Smith and who:

(Notary must check applicable box)

X is personally known to me.
_____ produced current driver's license(s) as identification.
_____ produced _____ as
_____ identification.

and who executed the foregoing Articles of Organization and acknowledge before me that she made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2 day of November, 1998 at _____.



Christine M. Ochkie
MY COMMISSION # CC707866 EXPIRES
January 13, 2002
BONDED THRU TROY FAIN INSURANCE, INC

Christine Ochkie

Signature of Notary
CHRISTINE M. OCHKIE

(Name of Notary Typed, Printed or Stamped)

My Commission Expires: _____

Commission Number: _____

Florida Land,

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment
Registered Agent of NORTH EAST, LLC, which is contained in the
foregoing Articles of Organization.

DATED this 2ND day of NOV. 1998.

C. Kelly Smith
C. Kelly Smith, Registered Agent

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS
TO ARTICLES OF ORGANIZATION
OF
North East Florida Land, LLC

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STATE OF FLORIDA
COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority, personally appeared
C. Kelly Smith, who first being duly sworn deposed and said:


1. This Affidavit is made pursuant to Section 608.407(2)
Florida Statutes.

2. The Limited Liability company described above has one
members consisting of C. Kelly Smith.

3. The member has contributed cash as follows:

<u>Member</u>	<u>Cash</u>	<u>Property</u>
C. Kelly Smith	\$1,000.00	\$0.00

4. No additional amount is anticipated to be contributed
by the members.


C. Kelly Smith

STATE OF FLORIDA
COUNTY OF ST. JOHNS

THE FOREGOING instrument was acknowledged before me this
2 day of NOVEMBER, 1998, by C. Kelly Smith, and who:

(Notary must check applicable box)

 X is personally known to me.
 produced current driver's license(s) as identification.
 produced _____ as
 identification.



Christine M. Ochkie
MY COMMISSION # CC707866 EXPIRES
January 13, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

Christine Ochkie

Signature of Notary

CHRISTINE M. OCHKIE

(Name of Notary Typed, Printed or Stamped)

My Commission Expires: _____

Commission Number: _____

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