

L 04000066913

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000183379 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : ANSBACHER & SCHNEIDER, PA
Account Number : 072647001172
Phone : (904)296-0100
Fax Number : (904)296-2842

RECEIVED

04 SEP 10 AM 7:50

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Losco Corners, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

04 SEP 10 AM 10:19

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09/13/04

Electronic Filing Menu

Corporate Filing

Public Access Help

H04000183379 3

**ARTICLES OF ORGANIZATION OF
LOSCO CORNERS, L.L.C.**

ARTICLE I

The name of this Limited Liability Company shall be Losco Corners, L.L.C., a limited liability company.

ARTICLE II

Losco Corners, L.L.C. shall have perpetual existence.

ARTICLE III

Losco Corners, L.L.C. is created to engage in any lawful act, business or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable or incidental to the foregoing purpose.

ARTICLE IV

The principal place of business of Losco Corners, L.L.C. shall be 11101 St. Augustine Road, Jacksonville, Florida 32257 and the mailing address shall be 5150 Belfort Road, Building 100, Jacksonville, Florida 32256 and such other place or places as the Member from time to time may determine.

The initial registered agent of Losco Corners, L.L.C. shall be Michael N. Schneider whose address is 5150 Belfort Road, Building 100, Jacksonville, Florida, 32256.

ARTICLE V

Losco Corners, L.L.C. will be managed by its Member.

IN WITNESS WHEREOF, these Articles of Organization have been duly executed.



Michael N. Schneider
Authorized Representative

SEP 10 AM 10:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Michael N. Schneider
Fl. Bar No. 166929
P.O. Box 551260
Jacksonville, FL 32255-1260
(904) 296-0100

H04000183379 3

H04000183379 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the organization is Losco Corners, L.L.C., a Limited Liability Company.

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

Michael N. Schneider
5150 Belfort Road, Building 100
Jacksonville, FL 32256

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.



Michael N. Schneider, Registered Agent

9/19/2004

Date

04 SEP 10 AM 10:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H04000183379 3