

L05000112197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

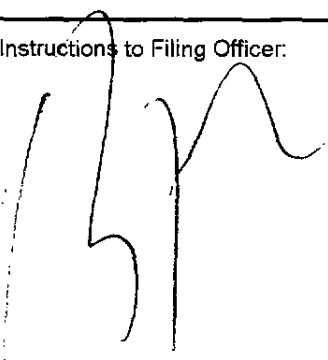
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



Office Use Only



900061387309

FILED

05 NOV 21 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 21 PM 12:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 716854 80523A

AUTHORIZATION : *Debbie Skipper*

COST LIMIT : \$ 155.00

FILED
05 NOV 21 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 21, 2005

ORDER TIME : 11:02 AM

ORDER NO. : 716854-005

CUSTOMER NO: 80523A

DOMESTIC FILING

NAME: 1ST INVESTMENTS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

E CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____

RECEIVED
05 NOV 21 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

FOR

1ST INVESTMENTS, LLC

FILED
05 NOV 21 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned authorized representative hereby executes these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE 1. NAME

The name of this limited liability company is **1ST INVESTMENTS, LLC.**

ARTICLE 2. ADDRESS

The mailing address and the street address of the principal office of the limited liability company are 10215 Russell Sampson Road, Jacksonville, FL 32259.

ARTICLE 3 - REGISTERED AGENT,

REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Tracy R. Richardson
Donahoo, Ball & McMenamy, P.A.
50 North Laura Street, Suite 2925
Jacksonville, Florida 32202

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 608, Florida Statutes



Registered Agent's Signature

ARTICLE 4. DURATION

This limited liability company is to exist perpetually.

ARTICLE 5. PURPOSE

This limited liability company is organized for the purpose of investing in real estate and for transacting any and all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, 1997, as amended.

ARTICLE 6. MANAGEMENT

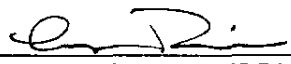
This limited liability company is to be managed by the members and the names and addresses of the managing members are:

<u>NAME</u>	<u>ADDRESS</u>
Jim Etherton	10215 Russell Sampson Road Jacksonville, FL 32259
Luke Etherton	10215 Russell Sampson Road Jacksonville, FL 32259
Richard B. Smith	2877 Mandarin Meadows Dr. S Jacksonville, FL 32223

ARTICLE 7. ADMISSION OF ADDITIONAL MEMBERS

No person may be admitted as an additional member of this limited liability company unless each member consents in writing to the admission of the additional member.

IN WITNESS WHEREOF, I, the undersigned authorized representative, have hereunto set my hand and seal this 17th day of November, 2005, for the purpose of forming this limited liability company under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Organization and certify that the facts herein stated are true.



TRACY R. RICHARDSON Authorized
Representative

STATE OF FLORIDA
COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to me by TRACY R. RICHARDSON who is (✓) personally known to me or () has produced _____ as identification, this 17th day of November, 2005.

Teresa B. West

Notary Public, State of
Florida at Large

(.....TERESA B. WEST.....)

Print name below signature

My Commission Expires:

My Commission Number:

