

L10000051603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

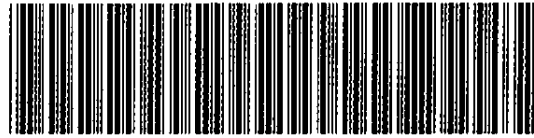
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/12/10--01021--006 **125.00

FILED
10 MAY 12 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell MAY 13 2010



ITERA USA, Inc.

9995 Gate Parkway N., Suite 400
Jacksonville, FL 32246, USA
Tel.: 904-996-8800, Fax 904-996-8805
www.itera.com

May 11, 2010

VIA UPS AWB# 1Z E19 802 01 9068 8422

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed please find our Organizational filing for the limited liability company "FAMILY STRATEGIC HOLDINGS, LLC" and our check in the amount of \$125.00 in payment of filing fees.

Also enclosed is a copy of the organizational filing letter which we would like time and date stamped and returned to us in the enclosed prepaid, self-addressed envelope.

Thank you.

Very truly yours,

Barbra Tinkle
Legal Assistant

COVER LETTER

ORIGINAL

TO: Registration Section
Division of Corporations

SUBJECT: Family Strategic Holdings, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbra Tinkle

Name of Person

ITERA USA, Inc.

Firm/Company

9995 Gate Parkway N., Suite 400

Address

Jacksonville, FL 32246

City/State and Zip Code

barbrat@itera.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbra Tinkle

Name of Person

at (904) 996-8800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| ☒ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Family Strategic Holdings, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9995 Gate Parkway N.

Suite 400

Jacksonville, FL 32246

Mailing Address:

Same as principal address

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Daniel B. Nunn, Jr., Attorney

Name

50 N. Laura Street, Suite 2800

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL 32202

City, State, and Zip

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10 MAY 12 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Lisa Kavalieros

9995 Gate Parkway N., Ste 400

Jacksonville, FL 32246

MGR

Julianna Kats

9995 Gate Parkway N., Ste 400

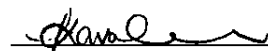
Jacksonville, FL 32246

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lisa Kavalieros, Authorized Representative

Typed or printed name of signer

FILED
10 MAY 12 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)