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(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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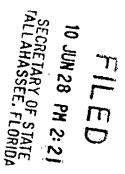
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J. BRYAN

JUN 2 9 2010

EXAMINER

COVER LETTER

TO:		istration S Ision of Co	ection rporations						
SUBJI	ECT:	4919 W	esconnett Blvd., LLC Name of Limite	ed Liability Con	apany			-	
The en	iclosec	Articles o	f Organization and fee(s) are s	submitted for fil	ing.				
Please	return	all corresp	ondence concerning this matt	er to the followi	ing:				
	Shei	i O'Grady	<i>,</i>						
				Name of Person			SECR	JC 01.	- -T
				Firm/Company			HASS	JUN 28	- -
	595	Glasgow	Court				ĔĘ,	PH	Ī
				Address			1073 11S	3	
	Orar	l ige Park,	FL 32073				REF	2	
			Cit	e/State and Zip C	ode				•
			t:-mail address: (to be used I	or future annual r	eport notificati	oŋ)		·	
For fu	rther is	aformation	concerning this matter, please	e call:					
Sher	i O'G	rady		_at (904 _	,487-35	03			
		Name	of Person		ode & Daytimo	Telephone	Number	-	
Enclo	sed is	a check fe	or the following amount:						
□\$125	'4 00 <u>.</u>	iling Fee	2\$130.00 Filing Fee & Certificate of Status	Certified (additional c		Cer a) Cer	0.00 Filing 1 tificate of St tified Copy titional copy is	atus &	
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	Courier Ade tration Section on of Corpora in Building Executive Con massee, FL 32.	ations ater Circle			

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LI	ABILITY COM	PÆNY
ARTICLE I - Name: The name of the Limited Liability Company is:		RETARY OF AHASSEE. 1	FILEI
4919 Wesconnett Blvd., LLC		STA STS	2; 2 ²
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC	::")	1 21
ARTICLE II - Address:			
The mailing address and street address of the pr	incipal office of the Lim	nited Liability Com	ipany is:
Principal Office Address:	Mailing Address:		
595 Glasgow Court	595 Glasgow Court		
Orange Park, FL 32073	Orange Park, FL 32073		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate	Agent's Signature an individual or another Effective Date	, 1
	egistered agent are.		
Susan Carter Name		•	
	100		
330 Corporate Way, Suite	ress (P.O. Box NOT accepta	, ble)	
Orange Park	FL 32073	,	
	te, and Zip		

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:

	" = Manager M" = Managing Member	Name and Address:	TALLAE SECRE
MGRM	1	Sheri O'Grady 595 Glasgow Court Orange Park, FL 32073	TARY OF STAT
			
ARTICLE V: 1		e date of filing: 1110 be specific and cannot be more tha	(OPTIONAL) In five business days prior
-	fter the date of filing.) IRED 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.)

Sheri O'Grady

Typed or printed name of signee

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)