

L15000097391

Division of Corporations

https://efile.sunbiz.org/scripts/efilecyr.exe

Florida Department of State
Division of Corporations
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.

(((H15000130745 3)))



H150001307453ABC-

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)617-6383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

Resubmitted

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sheela@nceppallifinancial.com

RECEIVED
15 JUN -4 PM 12: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
7800 Jacksonville Property Management LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 JUN -4 AM 10: 23

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

850-617-6381

6/2/2015 2:37:47 PM PAGE 1/001 Fax Server



June 2, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: 7800 JACKSONVILLE PROPERTY MANAGEMENT LLC
REF: W15000038568

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The first and last name is required for Registered Agent and "AMBR" on the signature line.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000130745
Letter Number: 415A00011561

RECEIVED
15 JUN -4 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2015 - spoke to she elg -
will send over new
signature.

P.O BOX 6327 - Tallahassee, Florida 32314

APPROVED
PAGE AND OF 4
FILED

15 JUN -4 AM 10: 23

H15000130745
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7800 Jacksonville Property Management 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:

Mailing Address:

10557 Roundwood Glen Ct.
Jacksonville, FL 32256

10557 Roundwood Glen Ct.
Jacksonville, FL 32256

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:

Keerthy Arjun Belur
Name

10557 Roundwood Glen Ct.
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32256
City 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 605, F.S.

Keerthy Belur
Registered Agent's Signature (REQUIRED)

Keerthy Arjun Belur

(CONTINUED)

APPROVED
PAGE AND OF 4
FILED

15 JUN -4 AM 10:23
H15000130745

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Keerthy Arjun Belur

10557 Roundwood Glen Ct.

Jacksonville, FL 32256

AMBR

Sandhya Polavarapu

14 Shaffer Rd.

Bridgewater, NJ 08807

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Keerthy Belur

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Keerthy Arjun Belur

Typed or printed name of signee