

Division of Corporations

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

From:  
Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 777-2094

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05 MAR 18 PM 12:12  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**St. Johns Property Company, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

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STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

St. Johns Property Company, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1115 Marbella Plaza DriveTampa, Florida 33619**Mailing Address:**1115 Marbella Plaza DriveTampa, Florida 33619**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

National Registered Agents, Inc.

Name

526 E. Park AvenueFlorida street address (P.O. Box NOT acceptable)TallahasseeFLORIDA 32301

City, State, 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, Florida Statutes.*

National Registered Agents, Inc.By: *Shawn D. King*

Registered Agent's Signature

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**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:**

MGRM

Parker Investments, Inc.

1115 Marbella Plaza Drive

Tampa, Florida 33619

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**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.)

By: Alexander T. McClain  
Typed or printed name of signer**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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