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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 : MYRA LOUGHRAN
Account Number : I19990000238
Phone : (904)249-8500
Fax Number : (904)249-0841

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05 APR 11 PM 1:19
DIVISION OF CORPORATION

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05 APR 11 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

4317 University Boulevard, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Public Access Help

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

4317 University Boulevard, 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:**
21 Bermuda Runway	6319 Short Wheel Way
St. Augustine, Florida 32080	Columbia, MD 21045

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Robert M. Worgan
Name

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

St. Augustine FLORIDA 32080
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..

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	Robert Ellis

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

R [illegible] MEMBER

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.)

Robert Ellis

Typed or printed name of signee

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)*