



L01000002283

ACCOUNT NO. : 072100000032

REFERENCE : 002114 7248357

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : February 12, 2001

ORDER TIME : 11:54 AM

ORDER NO. : 002114-005

400003677364--2

CUSTOMER NO: 7248357

CUSTOMER: Ms. Salma H. Ahmed  
Salma H. Ahmed

Ste. 110  
910 S. 8th Street  
Fernandina Beac, FL 32034

DOMESTIC FILING

NAME: THE TERRACES AT BEACHSIDE  
LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:\_\_\_

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
01 FEB 13 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
01 FEB 13 PM 12:56  
DIVISION OF CORPORATION

7

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

THE TERRACES OF BEACHSIDE LLC.

## ARTICLE II - Address:

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

910 S. 8th Street

SUITE 110

FERNANDINA BEACH, FL 32034

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

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

SALMA H. AHMED

Name

910 S. 8th STREET SUITE 110

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

FERNANDINA BEACH, FL 32034

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, F.S..

By:

*[Signature]*

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*[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.)

SALMA H. AHMED

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED