

# L010000007248

## ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/ST/Zip

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- CLIFTON PALMS, L.L.C.

2- 500004136055-8

3- -05/04/01--01021--009  
\*\*\*\*125.00 \*\*\*\*125.00

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
DATE  
TIONS  
26  
FILE  
2006  
SUFFICIENTLY OF FILING

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

01 MAY - 8 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*WDL-10117*

Examiner's Initials *JD*

*5801*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 4, 2001

ATTORNEYS' TITLE

SUBJECT: CLIFTON PALMS, L.L.C.  
Ref. Number: W01000010117

We have received your document for CLIFTON PALMS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 201A00026508

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CLIFTON PALMS, L.L.C.**

**ARTICLE II – Address:**

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

**3952 Mayport Road  
Atlantic Beach, FL 32233**

**ARTICLE III – Duration:**

The period of duration for the Limited Liability Company shall be:

**Perpetual**

**ARTICLE IV – Management:  
(check and complete the appropriate statement)**

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Sunil V. Kologi  
Bina S. Kologi

3952 Mayport Road, Atlantic Beach, FL 32233  
3952 Mayport Road, Atlantic Beach, FL 32233

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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#### **ARTICLE V – Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

**The Company may admit additional or substitute members only with the approval of members whose aggregate membership interest exceeds 80 percent (80%).**

#### **ARTICLE VI – Members Rights to Continue Business:**


The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

**The Company's business may be continued if remaining members owning a majority of the capital and profits interests consent to continuance within 90 days after the event that terminates a member's membership.**

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NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

These Articles of Organization Clifton Palms, L.L.C. shall be effective for all purposes as of this 2<sup>nd</sup> day of May, 2001.

  
Member - Sunil V. Kologi

  
Member - Bina S. Kologi

Corporat.e\clifton-palms.articles-llc

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. Name of the limited liability company is: **CLIFTON PALMS, L.L.C.**

2. The name and address of the registered agent and office is:

**Dale A. Beardsley, Esquire**

(NAME)

**12 East Bay Street**

(P.O. BOX **NOT** ACCEPTABLE)

**Jacksonville, FL 32202-3427**

(CITY/STATE/ZIP)

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*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.*

  
(SIGNATURE) Dale A. Beardsley

5/7/2001  
(DATE)