

LO1000011444 4.

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/ST/Zip

850-222-2785

Phone #

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

1- THE EDMONDS BUTLER/PHILIPS JV, L.L.C.

2-

3-

4-

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 13 AM 10:50

FILED

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE EDMONDS BUTLER/PHILIPS JV, L.L.C.

ARTICLE II - Address:

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

**9309 Old Kings Road South
Suite #1
Jacksonville, FL 32257**

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:

- ☐ 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:

Stephen Edmonds

9309 Old Kings Road South, Suite #1, Jacksonville, FL 32257

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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:

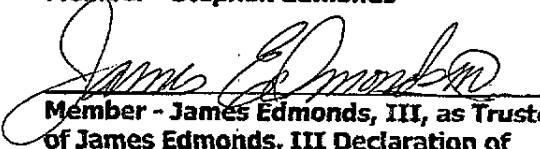
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability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

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

These Articles of Organization for The Edmonds-Butler/Philips JV, L.P., shall be effective for all purposes as of this 12th day of July, 2001.


Member - Stephen Edmonds


Member - James Edmonds, III, as Trustee
of James Edmonds, III Declaration of
Living Trust dated April 15, 1991

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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: **The Edmonds Butler/Philips JV, 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)

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)

(DATE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35.00 for Designation of Registered Agent