# L01000015584

# Florida Department of State

Division of Corporations
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Account Number: 075350000207 Phone: (904)829-9066 Fax Number: (904)825-4862 MIT

# LIMITED LIABILITY COMPANY

Eastwood of St. Augustine, L.L.C.

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$160.00 |

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### Audit # H01000098673 6

### ARTICLES OF ORGANIZATION

OF

### EASTWOOD OF ST. AUGUSTINE, L.L.C.

The undersigned adopts the following Articles of Organization for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act.

### ARTICLE I

Name

The name of the limited liability company (the "Company") is Eastwood of St. Augustine, L.L.C.

### ARTICLE II

# Mailing and Street Address of Principal Office

The mailing and street address of the Company's principal office is 4475 Highway
U.S. 1 South, St. Augustine, Florida 32086.

### ARTICLE III

### Name and Address of Registered Agent

The name of the Company's initial registered agent is John D. Bailey, Jr. The street address of the registered agent is 780 North Ponce de Leon Boulevard, St. Augustine, Florida 32084.

# ARTICLE IV

# **Management**

| Management of the Company is                                  | reserved to the members. The initi  | al managing     |
|---|---|-----------------|
| member shall be:  |   |                 |
| Репту Robins  | 4475 Highway U.S. 1 South   | OT SEP          |
|   | St. Augustine, Florida 32086  |                 |
| IN WITNESS WHEREOF, for the                                   | purpose of forming this limited liabil  | ity company 🖺   |
| in accordance with the Florida Limited Liability (            | Company Act, the undersigned has exc  | ocuted these    |
| Articles of Organization on this day of                       | SEPT. , 2001.   |                 |
|   | Perry Robins  | <del>-</del>    |
| STATE OF NEW YORK   |   |                 |
| THE FOREGOING instrument of SEPTEMBER 2001, Perry Robins, who | vas acknowledged before me this spersonally known to me or (_) has as identification. | day of produced |
|   | Notary Public Schuck  | <u></u>         |
|   | (Name of Notary printed, typed or My commission number:  My commission expires:       | stamped)        |

Page 2 of 3 Audit # H01000097673 6 Harriet Ochachtman Notary Public, State of Newyork No. 4866977 Qualified in Kings County Commission Expires May 26<u>-206.3</u>

# ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept my obligations as registered agent.

DATED SEPT. 11 2001.

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John D. Beriley Ir