

L03000013793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

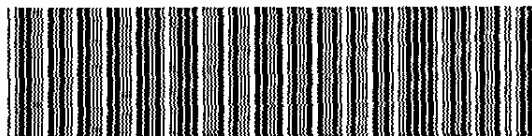
W 63-8613
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 26, 2003

SJ&P PROPERTIES, LLC
6650 SOUTHPOINT PARKWAY SUITE 200
JACKSONVILLE, FL 32216

SUBJECT: SJ&P PROPERTIES, LLC
Ref. Number: W03000008613

We have received your document for SJ&P PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What you have submitted is a printed-out copy of the type of filing which is done completely online. It cannot be filed by mail. Enclosed is the correct type of form to be completed, signed, and returned by mail for filing. Please return your form with a copy of this letter.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 903A00018387

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
SJ&P Properties, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
6650 Southpoint Parkway, Suite 200, Jacksonville, Florida 32216

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

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

Robert M. Baker

Name

6650 Southpoint Parkway, Suite 200

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

Jacksonville

FL 32216

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.

Robert M. Baker

Registered Agent's Signature

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

William T. Watts

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.)

William T. Watts, Jr.

Typed or printed name of signer

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)

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