

W03000016549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 1

Special Instructions to Filing Officer:

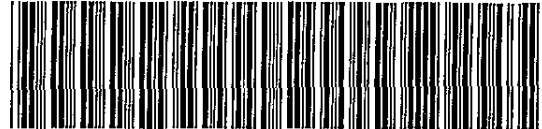
5/7 FL LC

Office Use Only

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W03-11495

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MJH

05/07/03--01019--015 **51.25

04/21/03--01060--006 **78.75

FILED
03 MAY -7 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amber GAVE
AUTHORIZATION BY PHONE TO
CORRECT address
DATE 5/8/03
DOC. EXAM MJA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Arboretum Two, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Peter A. Kessler
Name (Printed or typed)

4686 Sunbeam Rd., Ste. 120
Address

Jacksonville, FL 32257
City, State & Zip

(904) 733-8885
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

April 28, 2003

Registration Section, Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for LLC
Arboretum Two, LLC

Dear Sir or Madam:

Enclosed please find the executed articles of organization for the above referenced LLC, along with a check in the amount of \$51.25 (balance of for \$125). We previously sent a check for \$78.75. See letter enclosed. \$5 is also included for Certificate of Status.

Please feel free to contact Peter A. Kessler at 904-733-8885 should you need any additional information. Thank you.

Best regards,


Elvy Diaz

RECEIVED
03 MAY -2 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Arboretum Two, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
4686 Sunbeam Rd., Ste. 120
Jacksonville, FL 32257

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

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

Peter A. Kessler

Name

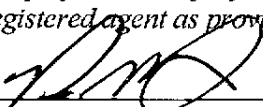
4686 Sunbeam Rd., Ste. 120

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

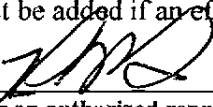
Jacksonville FL 32257

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.


Registered Agent's Signature

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


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.)

Peter A. Kessler, Managing Member

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)

03 MAY -7 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED