

203000023847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE, FLORIDA  
JULY 1 2003  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

- 1- JACKSONVILLE COMMERCIAL INVESTMENT MANAGEMENT, L.L.C.
- 2-
- 3-
- 4-

- ☒ 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

Examiner's Initials

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Jacksonville Commercial Investment Management, L.L.C.**

**ARTICLE II - Address:**

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

**10920 Baymeadows Road, Suite #27-209,  
Jacksonville, Florida 32256**

**ARTICLE III - Duration:**

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

**Perpetual**


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

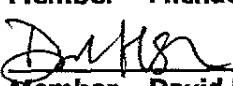
The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Michael Canella                      10920 Baymeadows Road, Suite #27-209, Jacksonville, Florida 32256

David Hsieh                              10920 Baymeadows Road, Suite #27-209, Jacksonville, Florida 32256

These Articles of Organization for Jacksonville Commercial Investment Management, L.L.C.  
shall be effective for all purposes as of this 18 day of June, 2003.

  
\_\_\_\_\_  
Member - Michael Canella

  
\_\_\_\_\_  
Member - David Hsieh

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CLERK  
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: **Jacksonville Commercial Investment Management, L.L.C.**
- 2 The name and address of the registered agent and office is:

**Dale A. Beardsley, Esquire**

(NAME)

**4595 Lexington Avenue, Suite #100**

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

**Jacksonville, FL 32210-2058**

(CITY/STATE/ZIP)

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JACKSONVILLE, FLORIDA

*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)

6/26/03  
(DATE)

**Filing Fee: \$35.00 for Designation of Registered Agent**