

L04000021045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400028122594

RECEIVED  
04 MAR 18 PM 3:50  
DIVISION OF CORPORATION

FILED  
04 MAR 18 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
04 MAR 18 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BK*



CORPORATION SERVICE COMPANY™

FILED  
04 MAR 18 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032  
REFERENCE : 506635 7368461  
AUTHORIZATION : *Patricia Piziks*  
COST LIMIT : \$ 155.00

ORDER DATE : March 18, 2004  
ORDER TIME : 1:46 PM  
ORDER NO. : 506635-005  
CUSTOMER NO: 7368461  
CUSTOMER: Ann Hutchinson  
Johnston & Hammond

Suite 800  
121 West Forsyth Street  
Jacksonville, FL 32202

DOMESTIC FILING

NAME: OAK STREET PROFESSIONAL  
CENTER, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
MAR 18 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Oak Street Professional Center, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**  
Oak Street Professional Center, LLC  
2223 Oak Street  
Jacksonville, Florida 32204

**Mailing Address:**  
The mailing address is the same  
as the principal office address

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

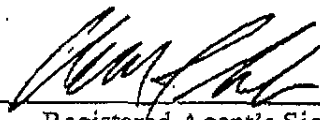
The name and the Florida street address of the registered agent are:

Charles M. Johnston  
Name

2223 Oak Street  
Florida street address

Jacksonville, Florida 32204  
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 as provided for in Chapter 608.F.S.*



Registered Agent's Signature

(Continued)

Page 1 of 2

**ARTICLE IV - Management and Managing Member(s):**

The Limited Liability Company is to be managed by the members.

The name and address of each Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Charles M. Johnston  
2223 Oak Street  
Jacksonville, Florida 32204

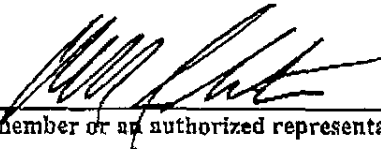
MGRM

Arthur Hernandez  
2223 Oak Street  
Jacksonville, Florida 32204

MGRM

Ada A. Hammond  
334 2<sup>nd</sup> Avenue North  
Jacksonville Beach, Florida 32250

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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 penal ties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Charles M. Johnston

Typed or printed name of signee