

L04000025508

(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:

Name
Availability

Document
Examiner

DOC

Updater

Office Use Only

Updater
Verifier

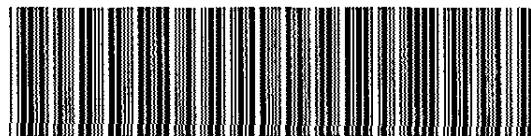
DOC

Acknowledgement

DOC

W. P. Verifier

DOC



800031164748

03/26/04--01044--010 **125.00

FILED

2004 MAR 26 P 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pacific Properties, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wingate Mullinix
(Name of Person)

Pacific Properties, LLC
(Firm/Company)

PO Box 49042
(Address)

Jacksonville Beach, FL 32240
(City/State and Zip Code)

For further information concerning this matter, please call:

Wingate Mullinix at (904) 923-0595
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2004 MAR 26 P 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pacific Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

PO Box 49042
Jacksonville Beach
FL 32240

Mailing Address:

PO Box 49042
Jacksonville Beach
FL 32240

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

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

Wingate Mullinix
Name
411 Helmsman Lane
Florida street address (P.O. Box **NOT** acceptable)
Atlantic Beach FLORIDA 32233
City, State, and Zip

FILED
2004 MAR 26 P 3:10
SECRETARY OF STATE
TALLAHASSEE, 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 as provided for in Chapter 608, Florida Statutes..

[Signature]
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Edward Wingate Mullinix III
411 Helmsman Lane
Atlantic Beach, FL 32233

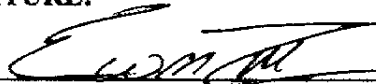
MGRM

William Scott Davis Jr.
411 Helmsman Lane
Atlantic Beach, FL 32233

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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 penalties of perjury that the facts stated herein are true.)

Edward Wingate Mullinix III

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAR 26 P 3:10

FILED

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)