

L040000 486 29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

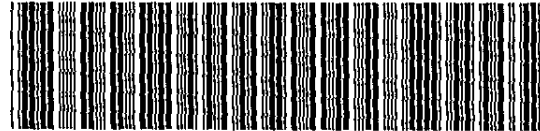
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JUN 29 PM 4:02
04 JUN 29 PM 4:01
SECRETARY OF STATE
DIVISION OF CLERICAL
TALLAHASSEE, FLORIDA

Geeker, Van P.

Requester's Name

2457 CARE Drive

Address

Tallahassee FL 32308

City/State/Zip

Phone #

878-2411

Office Use Only

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

1. Parkside North Apartments, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☒ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 29 PM 4:01

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Examiner's Initials

ARTICLES OF ORGANIZATION

OF

PARKSIDE NORTH APARTMENTS, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. Name. The name of the Limited Liability Company is PARKSIDE NORTH APARTMENTS, LLC (the LLC).
2. Purpose. The purpose for which the LLC is organized is to own and invest in real estate and to engage in any other activities related or incidental thereto.
3. Address of Place of Business. The mailing and street address of the principal place of business in Florida for the LLC is: 3712 Foxford Circle, Tallahassee, Florida 32309.
4. Registered Agent. The name and address of the initial registered agent in Florida for the LLC is:

Arlene Goodman
3712 Foxford Circle
Tallahassee, Florida 32309

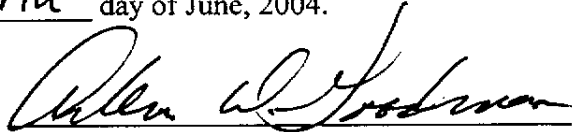
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04 JUN 29 PM 1:06
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TALLAHASSEE, FLORIDA

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, F.S.


ARLENE GOODMAN, Registered Agent

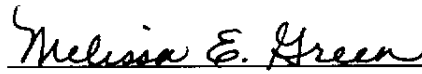
Executed at Tallahassee, Florida, on the 29th day of June, 2004.


ARLENE GOODMAN, Member

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 29th day of June, 2004, by ARLENE GOODMAN, who is personally known to me and who did not take an oath.


Signature of Notary Public

Notary Stamp/Seal:



Melissa E. Green
MY COMMISSION # CC974617 EXPIRES
December 29, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

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01 JUN 29 PM 1:01
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