

L04000054808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

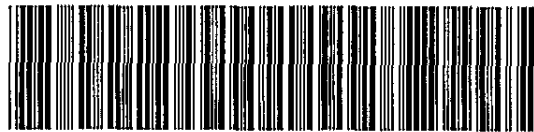
(Business Entity Name)

(Document Number)

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BK

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP

7/23 (Signature)

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SECRETARY OF STATE

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LLC

1.) River Road Associates #1, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

ARTICLES OF ORGANIZATION
OF
RIVER ROAD ASSOCIATES #1, LLC
a Florida Limited Liability Company

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TALLAHASSEE, FLORIDA

ARTICLE I
Name

The name of this Limited Liability Company is **RIVER ROAD ASSOCIATES #1, LLC** (the "Company").

ARTICLE II
ADDRESS

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

1710 River Road, Unit 1
Jacksonville, FL 32207

ARTICLE III
DURATION

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is therefore, a member-managed company. The name and addresses of the member(s) is, as follows:

James M. Matthews
1710 River Road, Unit 1
Jacksonville, FL 32207

**ARTICLE V
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent is:

James M. Matthews
1710 River Road, Unit 1
Jacksonville, FL 32207

**RIVER ROAD ASSOCIATES #1, LLC
a Florida limited liability company**

By: James M. Matthews
James M. Matthews
Its: Managing Member

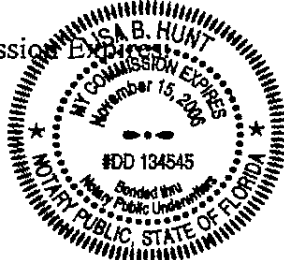
(SEAL)

**STATE OF FLORIDA
COUNTY OF DUVAL**

The foregoing instrument was acknowledged before me this 21st day of July, 2004, by **JAMES M. MATTHEWS**, as Managing Member of **RIVER ROAD ASSOCIATES #1, LLC**, a Florida limited liability company, who is personally known to me or produced as identification, on behalf of the limited liability company. One

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.

My Commission Expires



Lisa B. Hunt
Notary Public, State of Florida

ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: **RIVER ROAD ASSOCIATES #1, LLC**

The name and Florida street address of the Registered Agent is:

James M. Matthews
1710 River Road, Unit 1
Jacksonville, FL 32207

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.

 (SEAL)
JAMES M. MATTHEWS

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