

L04000056339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

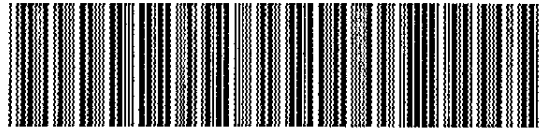
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900038377639

07/27/04--01048--004 **125.00

FILED

07/27/04

L04-56339
JL

HESSION & FERRANTE

ATTORNEYS AT LAW

P.O. BOX 16718

JACKSONVILLE, FLORIDA 32245-6718

E-MAIL: HESSION@HESSIONLAWFIRM.COM

TELEPHONE: (904) 247-8989

FACSIMILE: (904) 247-7003

FRANK W. HESSION
LAURA L. FERRANTE *+

PARALEGAL
VICKY SWANN

*Board Certified Workers' Compensation
+Supreme Court Certified Circuit Mediator

July 26, 2004

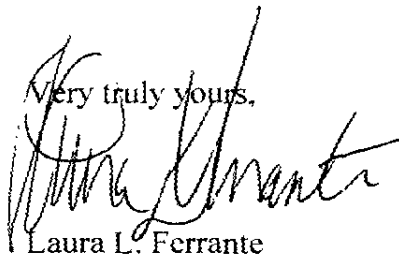
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Cambridge Partners Girvin, LLC

Dear Sirs:

Enclosed please find the Articles of Organization for the above Limited Liability Company as well as my check for \$125.00 for the filing fee and fee for Designation of the Registered Agent. Should you require anything further from me in forming this LLC, please do not hesitate to give me a call.

Very truly yours,



Laura L. Ferrante

LLF/cb
enclosure

STATIONED
TALLAHASSEE, FLORIDA

04 JUL 27 PM 3:19

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cambridge Partners Girvin, LLC

ARTICLE II - Address:

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

Principal Office Address:

248 Levy Road

Atlantic Beach, Florida 32233

Mailing Address:

P.O. Box 16718

Jacksonville, Florida 32245-6718

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

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

Laura L. Ferrante

Name

248 Levy Road

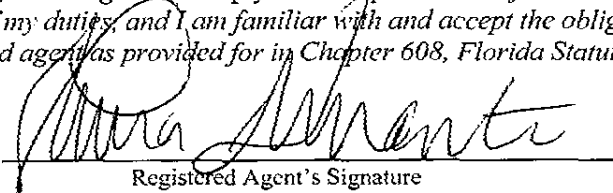
Florida street address (P.O. Box **NOT** acceptable)

Atlantic Beach

FLORIDA 32233

City, State, and 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, Florida Statutes..


Registered Agent's Signature

RECEIVED
JUL 27 2019
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

04 JUL 27 PM 3:19

FILED

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

North Florida Pioneers, Inc.

P.O. Box 16718

Jacksonville, FL 32245-6718

MGR

Pioneer Partners, LLC

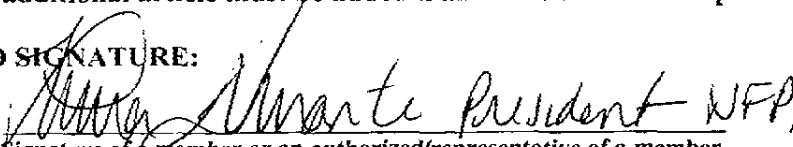
P.O. Box 16718

Jacksonville, FL 32245-6718

(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.)

Laura L. Ferrante, President North Florida Pioneers, Inc.

Typed or printed name of signer

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)

REC-21 (1/15)
TALLAHASSEE, FL 32301

04 JUL 27 PM 3:19

FILED