

LO4000084668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

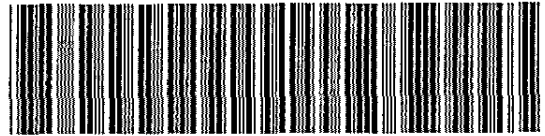
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Cooper, Byrne, Blue & Schwartz, PLLC

Requestor's Name

3520 Thomasville Road, Suite 200

Address

Tallahassee FL 32309

City/State/Zip

850-553-4300

Phone #

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. South Adams Venture, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time _____

☐ Will wait

☐ Photocopy

☐ Certified Copy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
SOUTH ADAMS VENTURE, LLC**

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04 NOV 22 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (“Florida Limited Liability Company Act”), for the purpose of forming a Limited Liability Company under the laws of the State of Florida does set forth the following:

1. **NAME.**

The name of the Limited Liability Company is SOUTH ADAMS VENTURE, LLC (hereinafter referred to as the “Company”).

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be from the date of filing of its Articles of Organization until the first to occur of the following:

- (i) The date that is seventy-five (75) years from the date of filing of the Articles of Organization with the Department of State, State of Florida; or
- (ii) Dissolution of the Company pursuant to the provisions of the Florida Limited Liability Company Act; or
- (iii) By the written agreement of a majority in capital interest of the Members.

3. **ADDRESS OF PLACE OF BUSINESS.**

The mailing address for the Company is Post Office Box 4288, Tallahassee, Florida 32315-4288, and the street address of the place of business for the Company is 217 John Knox Road, Tallahassee, Florida 32303. Such address may be changed from time to time as provided in the Operating Agreement.

4. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is A. L. Buford, III, and the initial registered office is located at 217 John Knox Road, Tallahassee, Florida 32303.

5. **CAPITAL CONTRIBUTIONS.**

Contributions to the capital of the Company shall be made by the Members, from time to time, in the manner prescribed by a written Operating Agreement to be made and entered into by the Members, and which may be amended from time to time in accordance with its terms.

6. **MEMBERS.**

The Company shall have at least one (1) Member, and may admit additional members upon the prior unanimous written agreement of the then existing Members, or as otherwise provided in the Operating Agreement.

7. **MANAGEMENT.**

Management of the Company shall be by its Members, in the manner provided for in the Operating Agreement.

Executed at Tallahassee, Florida, on the 19th day of Nov., 2004.


SOUTH ADAMS VENTURE, LLC,
a Florida limited liability company

By: 

A. L. Buford, III, Member

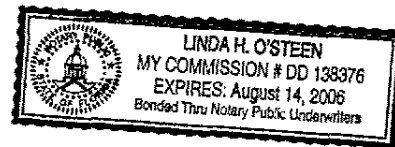
STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 19th day of November, 2004, by A. L. Buford, III, as Member of South Adams Venture, LLC, who is personally known to me or who has taken an oath.



NOTARY PUBLIC - STATE OF FLORIDA
Linda H. O'Steen

PRINT, TYPE OR STAMP NAME OF
NOTARY PUBLIC



ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of SOUTH ADAMS VENTURE, LLC, the undersigned accepts such an appointment, agrees to act in such capacity, is familiar with and accepts the obligations of that position as provided in Chapter 608, Florida Statutes.

Executed this 19 day of November, 2004.



A. L. Buford, III, REGISTERED AGENT