

205000082174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

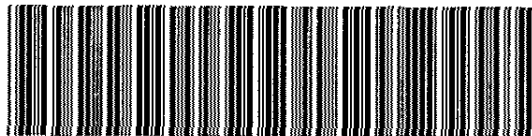
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900058723549

08/19/05--01031--011 **250.00

EFFECTIVE DATE
8/18/05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

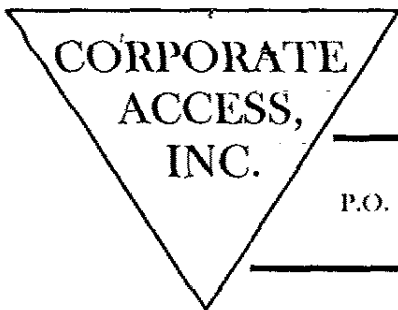
05 AUG 19 PM 3:35

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 AUG 19 PM 12:04

RECEIVED



"When you need ACCESS to the world"

125-00

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:

8/19/05 *[Signature]*

FILED
08 AUG 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

[Stamp: RECEIVED 8/18/05]
[Handwritten: LLC]

1.

North Florida Property Interests, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

EFFECTIVE DATE
8/18/05

FILED
05 AUG 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
NORTH FLORIDA PROPERTY INTERESTS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be North Florida Property Interests, LLC ("company").

ARTICLE II - ADDRESS

The mailing address of the company is 4595 Lexington Avenue, Jacksonville, Florida 32210.

The street address is the principal office of the company is 4595 Lexington Avenue, Jacksonville, Florida 32210.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENTS SIGNATURE

The name and street address of the registered agent of the company in the state of Florida is Shirley Moore, 4595 Lexington Avenue, Jacksonville, Florida 32210.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

Shirley Moore

Name

ARTICLE IV - MANAGEMENT

The company is to be manager managed.

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be August 18, 2005.

IN WITNESS WHEREOF, the undersigned, who is the authorized personal representative of a member identified in the operating agreement, has made and subscribed these articles of organization at Jacksonville, Florida, on August 18, 2005.

Shirley Moore
Name

STATE OF FLORIDA
COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared Shirley Moore who is personally known to me and who acknowledged to me, under oath, that she is the authorized personal representative of a member of North Florida Property Interests, LLC and that she executed the foregoing articles of organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 18th day of August, 2005.

Marie Wells
Notary Public
My commission number:
My commission expires:

