

L05000089001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

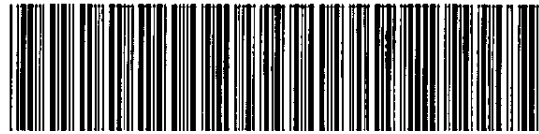
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FILED
05 SEP -9 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00000000000000000000
05 SEP -9 PM 1:24
DIVISION OF REGISTRATION

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 09/09/05

REF. #: 000478.42103

CORP. NAME: ST. JOHNS VILLAGE CENTER II, LLC

FILED
09 SEP - 9 PM 3:31
TALLAHASSEE, FLORIDA
STATE

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 514120 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
ST. JOHNS VILLAGE CENTER II, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

FILED
05 SEP - 9 31
TALLAHASSEE
STATE
FLORIDA

ARTICLE I - NAME

The name of this limited liability company (the "Company") is: **ST. JOHNS VILLAGE CENTER II, LLC.**

ARTICLE II - ADDRESS

The address of the principal office and mailing address of this Company is 841 Prudential Drive, Suite 1400, Jacksonville, FL 32207.

ARTICLE III - REGISTERED AGENT

The street address of the initial registered office of this Company is 841 Prudential Drive, Suite 1400, Jacksonville, Florida 32207 and the name of the registered agent at such address is Gresham R. Stoneburner.

ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

ARTICLE V - LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

ARTICLE VI - EFFECTIVE DATE

The existence of the Company shall commence on September 9, 2005 and its duration shall be perpetual.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company has executed these Articles of Organization effective as of the 9th day of September, 2005. In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury the facts stated herein are true.


Gresham R. Stoneburner, Authorized Representative

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

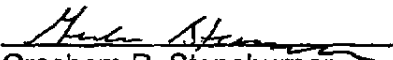
Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:
ST. JOHNS VILLAGE CENTER II, LLC
2. The name and address of the registered agent and office are:
Gresham R. Stoneburner
841 Prudential Drive, Suite 1400
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 as provided for in Chapter 608, Florida Statutes.

Dated: September 9, 2005.

Signature of Registered Agent


Gresham R. Stoneburner