

L06000006989

MIKE PAGORSKI
(Requestor's Name)

P.O. Box 15694
(Address)

(Address)

TALLAHASSEE, FL 32317
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

1904 Old Barnbridge LLC
(Business Entity Name)

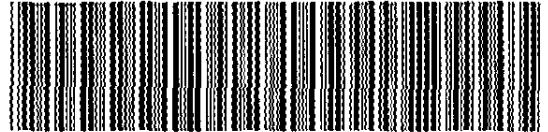
(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

Office Use Only



900063536289

01/20/06--01039--001 **160.00

FILED
06 JAN 20 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 JAN 20 PM 11:51
DIVISION OF CORPORATION

SP

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1904 Old Bainbridge LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

310 BLOUNT ST. SUITE #108
TALLAHASSEE, FL 32301

P.O. BOX 15694
TALLAHASSEE, FL 32317

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

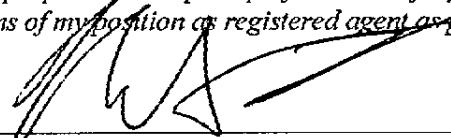
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MIKE PACOZALSKI
Name
310 BLOUNT ST. SUITE 108
Florida street address (P.O. Box **NOT** acceptable)
TALLAHASSEE FL 32301
City, State, and Zip

FILED
06 JAN 20 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MIKE PAGOZALSKI
P.O. BOX 15694
TALLAHASSEE, FL 32317

MGRM

PETER ROSEN
P.O. BOX 15694
TALLAHASSEE, FL 32317

MGRM

DUSTIN CALDWELL
P.O. BOX 15694
TALLAHASSEE, FL 32317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

DUSTIN CALDWELL
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JAN 20 AM 11:54

FILED