

W4 000008101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

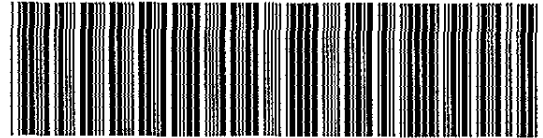
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W4-8101
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DAVID M. ANDREWS

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD

ST. AUGUSTINE, FL 32084

TELEPHONE (904) 826-1987

EMAIL andrews@david-m-andrews.com

FAX (904) 826-4236

January 11, 2006

Registration Section
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: ADAMS BEACH, LLC

Dear Sir/Madam:

Enclosed are the Articles of Organization in reference to the captioned limited liability company. Also enclosed is a check in the amount of \$130.00 to cover the following:

Filing Fee for Articles of Organization
Designation of Registered Agent
Certificate of Status

If the Articles of Organization meet with your approval, please execute and return to my office.

Respectfully yours,



David M. Andrews

DMA:njr/2827
Enclosures

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2006 JAN 17 10:00 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADAMS BEACH LLC

ARTICLE II - Address:

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

Principal Office Address:

**194 Bermuda Place
Jacksonville Beach, FL 32250**

Mailing Address:

**194 Bermuda Place
Jacksonville Beach, FL 32250**

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

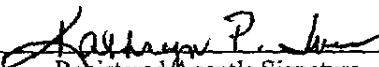
The name and the Florida street address of the registered agent are:

KATHRYN P. JACKSON
194 Bermuda Place
Jacksonville Beach, FL 32250
Name

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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"

KATHERINE P. JACKSON
194 Bermuda Place
Jacksonville Beach, FL 32250

"MGRM"

THOMAS B. PUCKETT, IV
34 Water St.
St. Augustine, FL 32084

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.

THOMAS B. PUCKETT IV

(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.)


KATHERINE P. JACKSON

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)