

LD6000033889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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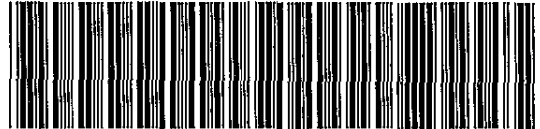
(Business Entity Name)

(Document Number)

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DB



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 955856 7292227

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 31, 2006

ORDER TIME : 10:16 AM

ORDER NO. : 955856-010

CUSTOMER NO: 7292227

DOMESTIC FILING

NAME: HIGHLANDS DEVELOPMENT GROUP,  
LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HIGHLANDS DEVELOPMENT GROUP, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L")

**ARTICLE II - Address:**

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

**Principal Office Address:**

8655 Hunters Creek Drive South  
Jacksonville, Florida 32256

**Mailing Address:**

8655 Hunters Creek Drive South  
Jacksonville, Florida 32256

**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 business entity with an active Florida registration.)

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

Barker & Barker, P.A.

Name

4244 St. Johns Avenue

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL 32210

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above named 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.*

Michael J. Barker, Esq.

By:

[Signature]  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

**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

John Borthwick

8655 Hunter Creek Drive

Jacksonville, Florida 32256

\_\_\_\_\_

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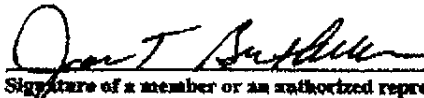
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(Use attachment if necessary)

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**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.)

By: John Borthwick

Typed or printed name of signer

**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)