

L 06 0000 70 811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

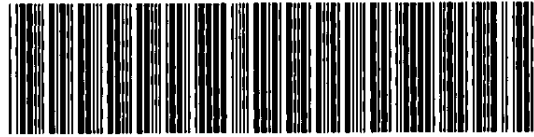
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



400077305554

RECEIVED
06 JUL 17 PM 2:38
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2006 JUL 17 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANYSM

1201 Hays Street
Tallahassee, FL 32301
850-521-1000
850-521-1010(fax)

7/17/06

FILED
2006 JUL 17 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Account Number: 072100000032

Client Account Number: 7292227

Cost Limit: 125.00

Authorization: *[Signature]*

Contact: Kimberly Moret x2949

Corporation Name(s) & Document number(s)

1) DSL Development company of Jacksonville,
LLC

2) _____

3) _____

4) _____

☒ Stamped Copy ☐ Certified Copy

Type of Filings:

<u>New Filings</u>	<u>Amendment</u>	<u>Qualification</u>
☐ Profit	☐ Amendment	☐ Profit
☐ NFP	☐ COA	☐ NFP
☒ LLC	☐ Dissolution/Withdrawal	☐ LLC
☐ LTD	☐ Merger	☐ LTD

Other:

☐ Annual Report ☐ Fictitious Name ☐ Reinstatement

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DSK DEVELOPMENT COMPANY OF JACKSONVILLE, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C.," 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:

3109 Spring Glen Road #303

Jacksonville, Florida 32207

Mailing Address:

3109 Spring Glen Road #303

Jacksonville, Florida 32207

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:

Barker & Barker, P.A.

Name

4244 St. Johns Avenue

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

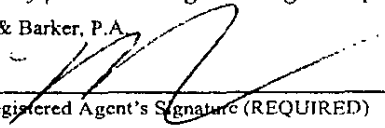
Jacksonville

FL 32210

City, State, and Zip

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

Barker & Barker, P.A.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2009 JUL 17 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Bookend Management, Inc., a Florida corporation

3109 Spring Glen Road, Suite 303

Jacksonville, Florida 32207

(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.)

By: Mishelle Stafford

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)