

L06000090267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

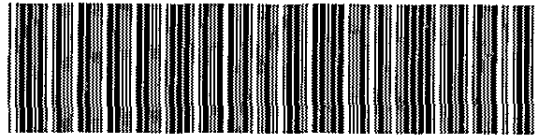
(Document Number)

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09/14/06--01018--012 \*\*155.00

**FILED**

06 SEP 14 PM 12:52

STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2006 SEP 14 AM 11:16

TO BE USED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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06 SEP 14 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- SHOPPES AT SOUTHWIND, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
SHOPPES AT SOUTHWIND, LLC

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ARTICLE 1

Name

The name of this Limited Liability Company is: SHOPPES AT SOUTHWIND,  
LLC.

ARTICLE 2

Duration

The duration of this limited liability company is perpetual from the date of commencement of the limited liability company's existence. The date and time of commencement of the limited liability company's existence is the time of filing of the original articles of organization by the Department of State of the State of Florida.

ARTICLE 3

Principal Office and Registered Agent

The mailing and the street address of the principal office of the limited liability company is 675 North Beach Street, Ormond Beach, FL 32175. The name and address of the initial registered agent of the limited liability company is Paul F. Holub, Jr., 675 North Beach Street, Ormond Beach, FL 32175.

## ARTICLE 4

### Management

The company is to be a manager-managed company. The name and address of its

Manager is:

Paul F. Holub, Jr.  
675 North Beach Street  
Ormond Beach, FL 32175

## ARTICLE 5

### Continuation of Business

Upon the death, bankruptcy, retirement, resignation, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members may continue the legal existence and business of the limited liability company if (i) there is at least one remaining member or a new member is admitted, and (ii) within ninety (90) days after the occurrence of the event of dissolution, the members, by a majority in interest vote, consent in writing to the continuation of the business.

## ARTICLE 6

### Admission of Additional Members

No person may be admitted as an additional member without the prior written consent of the Managers. If such person is admitted, he or she shall be subject to the obligations and limitations in the Operating Agreement of the limited liability company, as amended for the

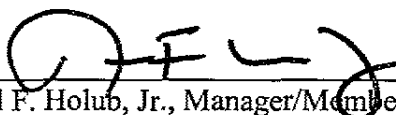
additional members.

IN WITNESS WHEREOF, the undersigned members do hereby execute and  
acknowledge these articles of organization this 13th day of September, 2006.

  
\_\_\_\_\_  
PAUL F. HOLUB, JR., Manager/Member

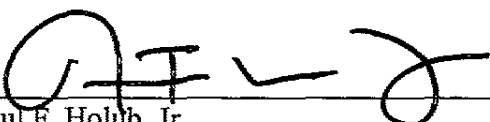
**CERTIFICATE DESIGNATING REGISTERED AGENT  
AND STREET ADDRESS FOR SERVICE OR PROCESS**

Pursuant to Section 608.415 Florida Statutes, Shoppes at Southwind, LLC,  
hereby designates PAUL F. HOLUB, JR. 675 North Beach Street, Ormond Beach, FL 32174 as  
its registered agent and the street address of its registered office, respectively, for service of  
process within the State of Florida.

  
\_\_\_\_\_  
Paul F. Holub, Jr., Manager/Member

**ACCEPTANCE OF DESIGNATION**

The undersigned understands the obligations of and hereby accepts the foregoing  
designation as registered agent of Shoppes at Southwind, LLC for service of  
process within the State of Florida.

  
\_\_\_\_\_  
Paul F. Holub, Jr.