# L0700000 1743

(Requestor's Name)
(Address)
(Address)
, ,
(City (Chate Tire (Dhane 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
<b>(</b> ,
Outside Action
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<b>\</b>
V

Office Use Only



800082662418

01/04/07--01028--018 \*\*125.00

2001 JAN -4 P 1: 21

# TOWN SQUARE AT SAINT JOHNS LTD. 9995 Gate Parkway N. Suite 400 Jacksonville, FL 32246 T. (904) 996-8800 F. (904) 996-8805

January 3, 2007

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Town Center Building, L.L.C.

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis A. Foster Town Center at Saint Johns Ltd. 9995 Gate Parkway N. Suite 400 Jacksonville, FL 32246

For further information concerning this matter, please call:

Dennis A. Foster at (904) 996-8800.

Enclosed is a check for the following amount. \$125.00 Filing Fee.

Very truly yours,

Dennis A. Foster Registered Agent FILED

1007 JAN -4 P 1: 21

SECRETARY OF STATE,
TALLAHASSEE, FLORIE,

## ARTICLES OF ORGANIZATION OF TOWN CENTER BUILDING, L.L.C.

#### ARTICLE I - NAME

The name of the Limited Liability Company is: Town Center Building, L.L.C.

#### ARTICLE II - ADDRESS

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

9995 Gate Parkway N. Suite 400 Jacksonville, FL 32246

### ARTICLE III - REGISTERED AGENT & REGISTERED OF THE

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

Dennis A. Foster 9995 Gate Parkway N. Suite 400 Jacksonville, FL 32246

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 604, F.S.

Dennis A Foster

### ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

**MGRM** 

Town Square at Saint Johns Ltd.

9995 Gate Parkway N.

Suite 400

Jacksonville, Florida 32246

#### ARTICLE V - Effective date

The effective date of filing shall be 184 January, 2007.

TOWN SQUARE AT SAINT JOHNS LTD. A Florida limited partnership, Managing Member

BY: AVENTURA/TOWN SQUARE, INC. a Florida corporation, its General Partner

Bv:

Raissa M. Frenkel, Vice President

ZOOT JAN -4 P 1: 2 SECRETARY OF STAT

(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.)