## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000214674 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

Account Name

: ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273

Phone Fax Number : (904)398-3911 : (904)396-0663

# ORIDA/FOREIGN LIMITED LIABILITY CO.

Stowe Avenue, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

H07000214674

# ARTICLES OF ORGANIZATION OF STOWE AVENUE, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

#### **ARTICLE I- NAME**

The name of this limited liability company (the "Company") is Stowe Avenue, LLC.

## **ARTICLE II - ADDRESS**

The address of the principal office and mailing address of the Company is 118 West: Adams Street, Suite 600, Jacksonville, Florida 32202.

#### ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1301 Riverplace. Avenue, Suite 1500, Jacksonville, Florida 32207, and the name of its initial registered agent at such address is Christopher Mellott.

#### **ARTICLE IV – MANAGEMENT OF THE COMPANY**

The Company is to be managed by one or more managers and is, therefore, a manager managed company.

### ARTICLE V - LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 27<sup>th</sup> day of August 2007. 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.

Christopher Melfott - Authorized Representative

H07000214674

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

Stowe Avenue, LLC

2. The name and address of the registered agent and office are:

Christopher Mellott
1301 Riverplace Boulevard
Suite 1500
Jacksonville, Florida 32207

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.

Dated: August 27, 2007 Signature of Registered Agent

Christopher Mellott

2007 AUG 27 AM 8: 46
SECRETARY OF STATE
ALLASSEE, FLORIDA