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(Re	questor's Name)		
bA)	dress)			
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(Cit	y/State/Zip/Pho	ne #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Coples	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: North Ma	ain Street Prope	erties, LLC		
50202011		ited Liability Comp	pany)	
The enclosed Articles of Or	ganization and fee(s) are	submitted for filin	ıg.	
Please return all correspond	ence concerning this ma	tter to the following	g: ·-	
Chad Shultz				
		(Name of Person)	<u>-</u>	
		. <u> </u>	· 5.4 -	<u> </u>
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
12855 La Co	sta Court			
		(Address)		
Jacksonville,	Florida 32225			
	(Ci	ty/State and Zip Code	e)	
For further information con-	cerning this matter, pleas	se call:	·	
Chad Shultz		at (904	773-332	2
(Name of F	erson)		le & Daytime Tel	ephone Number)
Enclosed is a check for the ✓\$125.00 Filing Fec	\$130.00 Filing Fee &	\$155.00 Filin		\$160.00 Filing Fee,
•	Certificate of Status	Certified Cop		Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	failing Address egistration Section division of Corporations O. Box 6327 allahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations duilding centive Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
North Main Street Properties, LLC			
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the pr	incipal office of the Limited Liability Company is		
Principal Office Address:	Mailing Address:		
10817 New Kings Road	10817 New Kings Road		
Jacksonville, Florida 32219	Jacksonville, Florida 32219		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another		
The name and the Florida street address of the r	egistered agent are:		

Chad Shultz

Name

10817 New Kings Road

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

Jacksonville, Florida 32219
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) 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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Chad Shultz
	10817 New Kings Road
-	Jacksonville, Florida 32219
MGRM	Larry Brantley
	10817 New Kings Road
	Jacksonville, Florida 32219
MGRM	John Cuneo
	1679 MISTY LAKE DR
	CRANGE PARK FI 32003
MGRM	COOPEN IX
	Macclenhing F1. 32063

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>October 5, 2007</u>. (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 penaltics of perjury that the facts stated herein are true.)

Chad Shultz

Typed or printed name of signee

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)

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