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T. HAMPTON

MAR - 4 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1829 Bayard Place, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Emily R. Kerns

(Name of Person)

Donahoo, Ball, and McMenamy, P.A.

(Firm/Company)

50 North Laura Street, Suite 2925

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Emily R. Kerns

(Name of Person)

at (**904**) **354-8080**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

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

ARTICLES OF ORGANIZATION
FOR
1829 BAYARD PLACE, LLC

The undersigned authorized representative hereby executes these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE 1. NAME

The name of this limited liability company is 1829 BAYARD PLACE, LLC.

ARTICLE 2. ADDRESS

The mailing address and the street address of the principal office of the limited liability company are 72 Willow Drive, St. Augustine, FL 32080.

ARTICLE 3 - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Emily R. Kerns
Donahoo, Ball & McMenamy, P.A.
50 North Laura Street, Suite 2925
Jacksonville, Florida 32202

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, Florida Statutes


Registered Agent's Signature

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ARTICLE 4. DURATION

This limited liability company is to exist perpetually.

ARTICLE 5. PURPOSE

This limited liability company is organized for the purpose of real estate investment and in general for transacting any and all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, 1997, as amended.

ARTICLE 6. MANAGEMENT

This limited liability company is to be managed by the members and the names and addresses of the managing members are:

<u>NAME</u>	<u>ADDRESS</u>
Gregory W. Teisan	72 Willow Drive St. Augustine, FL 32080
Kerri H. Teisan	72 Willow Drive St. Augustine, FL 32080

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ARTICLE 7. ADMISSION OF ADDITIONAL MEMBERS

No person may be admitted as an additional member of this limited liability company unless each member consents in writing to the admission of the additional member.

IN WITNESS WHEREOF, I, the undersigned authorized representative, have hereunto set my hand and seal this 28th day of February, 2008, for the purpose of forming this limited liability company under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Organization and certify that the facts herein stated are true.

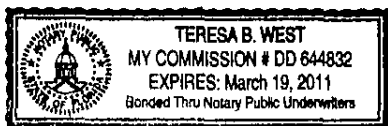
Emily R. Kerns
EMILY R. KERNS
Authorized Representative

STATE OF FLORIDA
COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to me by EMILY R. KERNS, who is (☒) personally known to me or (☐) has produced _____ as identification, this 28th day of February, 2008.

Teresa B. West
Notary Public, State of
Florida at Large

Teresa B. West
Print name below signature
My Commission Expires:
My Commission Number:



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