# L0800061006

(Re	questor's Name)	
. (Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	JECT: Genesis One Properties, LLC	
	(Name of Limited Liability Company)	
The en	enclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Scott A. Dunn	
	(Name of Person)	
	Genesis One Properties, LLC	
	(Firm/Company)	
	185 Bartram Parke Dr	0.
	(Address)	<del></del>
	St Johns, Fl. 32259	超三
	(City/State and Zip Code)	- T
For fu	urther information concerning this matter, please call:	OB JUH 10 AN 11: 21
Sco	ott A. Dunn at ( 904 ) 563 - 4478	Su.
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclo	osed is a check for the following amount:	
<b>✓</b> \$125	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	tus &

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





## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2008

SCOTT A. DUNN 185 BARTRAM PARKE DR. ST. JOHNS, FL 32259

SUBJECT: GENESIS ONE PROPERTIES, LLC

Ref. Number: W08000028425

We have received your document for GENESIS ONE PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 908A00035833



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	J	ľ	Γ	I	C	L	E	I	-	N	a	m	e	
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The name of the Limited Liability Company is:

Genesis One Properties, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
185 Bartram Parke Dr	185 Bartram Parke Dr
St Johns, Ft. 32259	St Johns, Fl. 32259
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature 3
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another
The name and the Florida street addres	s of the registered agent are:

Scott A. L	)unn
	Name
185 Bartr	am Parke Dr
	Florida street address (P.O. Box NOT acceptable)
St Johns,	Fl. 32259 <sub>FL</sub>
	City State and Zin

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 postgion as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)



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

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

MGRM	Scott A. Dunn	
MGRM	185 Bartram Parke Dr	
	St Johns, Fl. 32259	
MGRM	Jon A. DeNys	
	12402 Deersong Dr N	<del></del>
	Jacksonville, Fl. 32218	
MGRM	Cherolyn H DeNys	
	12402 Deersong Dr N	
	Jacksonville, Fl. 32218	
MGRM	Joni M Dunn	ESE JU
· · · · · · · · · · · · · · · · · · ·	185 Bartram Parke Dr	圣器
	St Johns, Fl. 32259	
(Use attachment if necessary)		GPTIONAL POPULATION OF STATE O

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 penalties of perjury that the facts stated herein are true.)

Scott A. Dunn

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)