

LD8000063354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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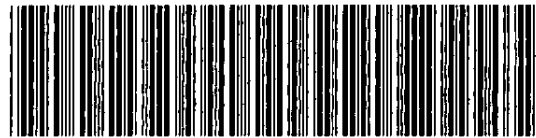
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 JUN 27 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/28/08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST AUGUSTINE BEACH PROPERTIES 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:

BRIAN MCCAFFREY

(Name of Person)

ST AUGUSTINE BEACH PROPERTIES LLC

(Firm/Company)

6960 BONNEVAL ROAD STE 102

(Address)

JACKSONVILLE FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN MCCAFFREY

(Name of Person)

at (904) 281-8800

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ST AUGUSTINE BEACH 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:

6960 BONNEVAL ROAD

SUITE 102

JACKSONVILLE FL 32216

Mailing Address:

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

THERESA DALLAS

Name

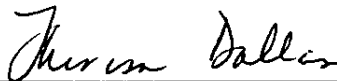
6960 BONNEVAL ROAD STE 102

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

JACKSONVILLE FL 32216

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

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08 JUN 27 AM 11:29
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

BRIAN E MCCAFFREY
3813 SALTMEADOW COURT SOUTH
JACKSONVILLE FL 32224

MGRM

BRIAN D FLYNN
13835 TORTUGA POINT DRIVE
JACKSONVILLE FL 32225

MGRM

CRAIG L DRAGER
3812 SALTMEADOW COURT SOUTH
JACKSONVILLE FL 32224

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/20/2008 (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.)

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REQUIRED SIGNATURE:

B. E. McCaffrey
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.)

BRIAN E MCCAFFREY

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)