

LO8000079144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

AUG 19 2008

EXAMINER

Office Use Only



500134517165

08/18/08--01064--015 **125.00

FILED
08 AUG 18 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Gary B. Davenport, P.A.
Attorney

August 11, 2008

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

RE: HV Bearsford, LLC

Ladies/Gentlemen:

The enclosed Articles of Organization are submitted for filing. Please return all correspondence concerning this matter to: Gary B. Davenport, Esq., Gary B. Davenport, PA, 1280-B Ponce de Leon Blvd., N., St. Augustine, FL 32084.

For further information concerning this matter, please call Susan Junod at 904/209-6801. A check in the amount of \$125.00 is enclosed representing the filing fee.

Sincerely,



Gary B. Davenport

GBD:sj

Enclosure

ARTICLES OF ORGANIZATION
FOR
HV BEARSFORD, LLC
a Florida Limited Liability Company

The undersigned, an authorized representative of a Member, desiring to form a limited liability company under and pursuant to Florida Statute 608, entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME

The name of this company shall be HV BEARSFORD, LLC

ARTICLE II - ADDRESS OF PRINCIPAL OFFICE

The street address is 1468 Barrington Circle, St. Augustine, FL 32092-3614, and the mailing address is 1468 Barrington Circle, St. Augustine, FL 32092-3614.

ARTICLE III - REGISTERED AGENT AND OFFICE

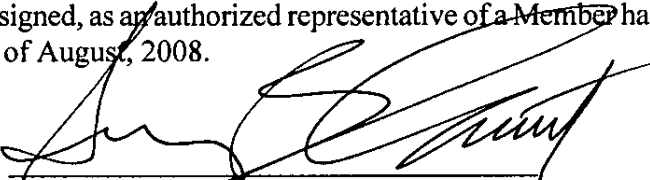
The name and street address of the initial registered agent and office for this company is as follows: Gary B. Davenport, Gary B. Davenport, PA, 1280-B Ponce de Leon Blvd., N., St. Augustine, FL 32084.

ARTICLE IV - MANAGER

The initial manager of the limited liability company is as follows:

Fredrick J. Herzog, II

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a Member has hereunto set his hand and seal this 11th day of August, 2008.



Gary B. Davenport, Authorized Representative
of a Member

STATE OF FLORIDA
COUNTY OF ST. JOHNS

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Gary B. Davenport, who is personally known to me and who is described as an Authorized Representative of a Member

FILED
08 AUG 18 AM 8:00
SECRETARY OF
ALLAHASSEE

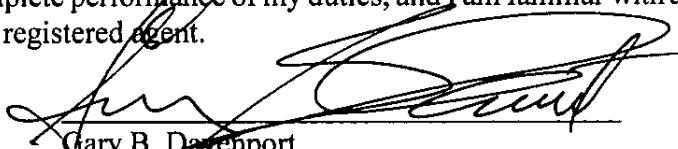
and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to those Articles of Organization.

WITNESS my hand and official seal in the County and State named above this 11th day of August, 2008.




Notary Public

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.


Gary B. Davenport
Registered Agent
Date: 8-11-08

FILED
08 AUG 18 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA