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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 2/6/09

B. KOHR

FEB - 2 2009

EXAMINER



CORPORATION SERVICE COMPANY

EFFECTIVE DATE 2/6/09

ACCOUNT NO. : 072100000032

REFERENCE : 878545 7384056

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 2, 2009

ORDER TIME : 10:12 AM

ORDER NO. : 878545-005

CUSTOMER NO: 7384056

FILED  
FEB 2 2009  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: 815 STATE STREET, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: \_\_\_\_\_

EFFECTIVE DATE 2/6/09

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
09 FEB -2 AM 11:15  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**815 STATE STREET, LLC**

**ARTICLE II - Duration:**

The LLC will have a perpetual duration.

**ARTICLE III - Address:**

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

**Principal Office Address:**

13679 Atlantic Blvd.  
Jacksonville, FL 32225

**Mailing Address:**

P. O. Box 51267  
Jacksonville Beach, FL 32240

**ARTICLE IV - Registered Agent, Registered office & Registered Agent's Signature:**


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

**ANTHONY L. MORGAN**

**13679 Atlantic Blvd.**

**Jacksonville, FL 32225**

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.

  
Anthony L. Morgan, Registered Agent

**ARTICLE V - Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

MGRM

Jeremiah M. Morgan  
13679 Atlantic Blvd.  
Jacksonville, Florida 32225

MGRM

Anthony L. Morgan  
13679 Atlantic Blvd.  
Jacksonville, Florida 32225

**ARTICLE VI – Effective Date:**

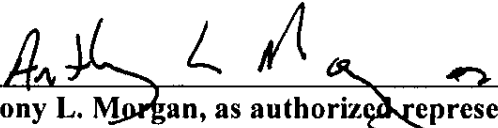
The effective date of the LLC will be February 6, 2009

**ARTICLE VII – Admission of New Members:**

New members may be admitted pursuant to terms of the Operation Agreement.

**ARTICLE VIII – Purpose:**

The LLC is formed for any lawful purpose(s) under state and federal law.

  
\_\_\_\_\_  
Anthony L. Morgan, as authorized representative

(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.)