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EXAMINER



FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

253 GULFVIEW LLC

CK# 3843

AMOUNT \$310.00 (\$155.00 FOR THIS FILING)

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

- ((1)) CERTIFIED COPY
- ((1)) STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION FOR 253 GULFVIEW, LLC

ARTICLE I Name

The name of the Limited Liability Company is 253 Gulfview, LLC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is: 185 Twelve Oaks Lane Ponte Vedra Beach, FL 32082.

ARTICLE III Existence; Duration

This limited liability company shall have a perpetual existence, unless dissolved according to law, commencing on the day of March, 2009.

ARTICLE IV Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Lisa Daniels, Esq.

ARTICLE V Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

The undersigned authorized representative of the members of 253 Gulfview, LLC, hereby executes these articles of organization on this 18 day of March, 2009.

isa Daniels, Esq., authorized

representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the Limited Liability Company is 253 Gulfview,
 LLC.
- 2. The name and the Florida street address of the registered agent and office are:

Lisa Daniels, Esquire
Therrel Baisden, P.A.
SunTrust International Center
One S.E. 3rd Avenue, Suite 2950
Miami, Florida 33131

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.

LISA DANIELS