

07/24/2009 15:51

13 1113

GARTNER BROCK & SIMON

FILE 01/00

Division of Corporations

Page 1 of 1

L0900007761

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000169686 3)))



H090001696863ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GARTNER BROCK & SIMON
Account Number : 119990000204
Phone : (904) 399-0870
Fax Number : (904) 399-1113

FILED
09 JUL 24 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SJNB, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

09 JUL 24 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JUL 27 2009
EXAMINER

(((H09000169686 3)))

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: SJNB, 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:

Bert C. Simon

Name of Person

Gartner, Brock & Simon

Firm/Company

1660 Prudential Drive, Suite 203

Address

Jacksonville, FL 32207

City/State and Zip Code

✓ bcsimon@gbslaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bert C. Simon

Name of Person

at (904)399-0870

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

(((H09000169686 3)))

(((H09000169686 3)))

FILED
 JUL 24 AM 10:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SJNB, 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:

3200 Hendricks Avenue
Jacksonville, FL 32207

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:

Bert C. Simon

Name

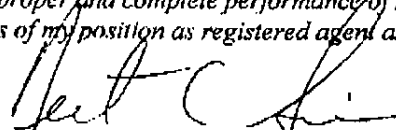
1660 Prudential Drive, Suite 203

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

Jacksonville, FL 32207 FL

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)

(((H09000169686 3)))

(((H09000169686 3)))

Page 1 of 2

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:MGRMJohn A. Lupo3200 Hendricks AvenueJacksonville, FL 32207SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 24 AM 10:46

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

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.)

BERT C. SIMON

Typed or printed name of signer

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)**

(((H09000169686 3)))

Page 2 of 2