

L10000019100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

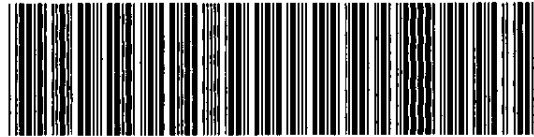
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

FEB 19 2010

EXAMINER



100163749011

02/18/10--01024--007 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB 18 PM 1:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Jacksonville Rentals, 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:

Carter T. Funk
Name of Person

North Jacksonville Rentals, LLC
Firm/Company

503 Turnberry Lane
Address

St. Augustine, FL 32080
City/State and Zip Code

carterfunk@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carter T. Funk at (904) 669-7964
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North Jacksonville Rentals, 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:

6005 Powers Ave. Unit 110
Jacksonville, FL 32217

Mailing Address:

Carter Funk
503 Turnberry Ln
St. Augustine, FL 32080

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:

Carter T. Funk

Name

503 Turnberry Lane

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

St. Augustine, FL 32080

City, State, and Zip

10 FEB 18 PM 1:28

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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..

Carter T. Funk

Registered Agent's Signature (REQUIRED)

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

Carter T. Funk
503 Turnberry Ln
St. Augustine, FL 32080

MGRM

Christopher K Funk
12700 Bartcam Park Blvd.
Jacksonville, FL 32258

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/17/10 (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:

Carter T Funk
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.)

Carter T. Funk
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)