

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GARTNER BROCK & SIMON
 Account Number : I19990000204
 Phone : (904) 399-0870
 Fax Number : (904) 399-1113

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
 10 JUL 19 PM 3:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
221 North 7th Avenue, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JUL 20 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 221 North 7th Avenue, 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, Esquire

Name of Person

Gartner, Brock and Simon

Firm/Company

1660 Prudential Drive, Suite 203

Address

Jacksonville, Florida 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, Esquire

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

221 North 7th Avenue, 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:

a/n Development Services Group, Inc.
 One Independent Drive, Suite 1600
 Jacksonville, Florida 32202

Mailing Address:

a/n Development Services Group, Inc.
 One Independent Drive, Suite 1600
 Jacksonville, Florida 32202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company owner 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, Esquire

Name

1660 Prudential Drive, Suite 203

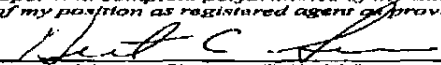
Florida street address (P.O. Box NOT acceptable)

Jacksonville, Florida 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 609, F.S..


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

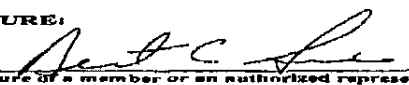
"MGRM" = Managing Member

MGR**Name and Address:**

Development Services Group, Inc.
 One Independent Drive, Suite 1600
 Jacksonville, Florida 32202

(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, Esquire

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)