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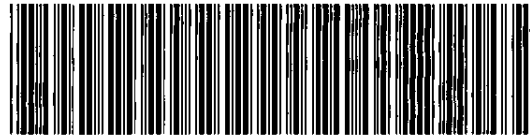
(Business Entity Name)

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EXAMINER

**SHEPPARD & SHEPPARD, LLC**  
ATTORNEYS AT LAW

SEAN P. SHEPPARD\*  
HOLLY SHEPPARD  
PAUL J. CAPPIELLO

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 302B  
ST. AUGUSTINE, FLORIDA 32080

TELEPHONE: (904) 461-1411  
FACSIMILE: (904) 461-1412

\*ALSO ADMITTED TO PRACTICE IN NEW YORK AND NEW JERSEY

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November 9, 2010

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: AGUSTIN INN, LLC

Dear Sir, dear Madam:

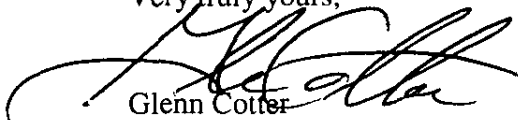
Enclosed herewith please find the original together with one fully executed copy of the Articles of Organization for **AGUSTIN INN, LLC**.

I have also enclosed my check in the amount of \$155.00 to cover the filing fees (\$125.00) and costs of a certified copy (\$30.00) of the above Articles after filing with your agency.

You will see that the Articles contain, as a part thereof, the required declaration of Resident Agent.

If you should have any questions or concerns, please do not hesitate to contact this office at your earliest convenience.

Very truly yours,

  
Glenn Cotter  
Legal Assistant

Encl.

**ARTICLES OF ORGANIZATION  
OF  
AGUSTIN INN, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

**ARTICLE I  
NAME**

The name of the limited liability company (the "Company") is: AGUSTIN INN, LLC.

**ARTICLE II  
ADDRESSES**

The initial mailing address of the Company is 6357 Sharon Hills Road, Charlotte, NC 28210.

The physical address of the company is 29 Cuna Street, St. Augustine, FL 32084.

**ARTICLE III  
REGISTERED AGENT**

The name and street address of the initial registered agent of the Company is Sean P. Sheppard, Esq., Sheppard & Sheppard, LLC 1301 Plantation Island Drive South, Suite 302B, St. Augustine, Florida 32080.

**ARTICLE IV  
MANAGEMENT**

The Company is to be managed by the members and is therefore, a member managed company.

Paul Vezolles (Manager, MGR)  
29 Cuna Street  
St. Augustine, Florida 32084

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**ARTICLE V**  
**LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this \_\_\_\_ day of November, 2010. 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.

By: \_\_\_\_\_

Paul Vezolles (Manager, MGR)

**ACCEPTANCE OF REGISTERED AGENT**

I, Sean P. Sheppard, on behalf of Sheppard & Sheppard, LLC, having been named to accept the service of process for AGUSTIN INN, LLC, certify that I am a permanent resident of St. Johns County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

DATED at St. Johns County, Florida, this \_\_\_\_ day of November, A.D., 2010.

By: \_\_\_\_\_

Sean P. Sheppard  
Sheppard & Sheppard, LLC

STATE OF FLORIDA       )  
COUNTY OF ST. JOHNS   )

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Sean P. Sheppard, Sheppard & Sheppard, LLC, who is ☒ personally known to me, or \_\_\_\_ who produced the following identification: \_\_\_\_ Florida Driver's License, \_\_\_\_ other identification and known to be the person/entity described as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this \_\_\_\_ day of November, A.D., 2010.

Notary Public, State of Florida

Printed Name:

My Commission expires:

