

# L11000061187

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Effective Date  
June 1,  
2011

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

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FLORIDA LIMITED LIABILITY CO.

First Coast Mid-levels, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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T. HAMPTON

MAY 25 2011

EXAMINER

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6/1/11

Audit # H11000137703

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**First Coast Mid-levels, LLC**

The mailing address and street address of the Limited Liability Company are:

**14384 Marsh Hammock Dr. S.  
Jacksonville, FL 32224**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon June 1, 2011.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3812 W Linebaugh Ave., Suite 102, Tampa, FL 33618, 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

14384 Marsh Hammock Dr. S.  
Jacksonville, FL 32224

and the name of its registered agent at such address is:

Christine A. Czepizak

**ARTICLE VI**  
**Effective Date**

The effective date of this Limited Liability Company shall be June 1, 2011.

**ARTICLE VII**  
**Management**

This Limited Liability Company shall have One Manager(s) or Managing Member(s).  
The name and address of Manager(s) or Managing Member(s) are:

**Name and Address**

Christine A. Czepizak, Managing Member  
14384 Marsh Hammock Dr. S.  
Jacksonville, FL 32224

Dated: Monday, May 23, 2011

  
Christine A. Czepizak

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**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: May 23, 2011

  
Christine A. Czepizak

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