

L11000071257

Florida Department of State  
Division of Corporations  
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.

((H11000161313 3)))



H110001613133ABCR

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 : FOLEY & LARDNER  
Account Number : 072720000061  
Phone : (904)359-2000  
Fax Number : (904)359-8700

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

Email Address: tstringfellow@foley.com

FILED  
11 JUN 17 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
11 JUN 17 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
BBG North Florida, LLC

JUN 17 am 10:10

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

D. BRUCE  
JUN 20 2011  
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

70183.105

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **BBG North Florida, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company are:  
**4339 Roosevelt Blvd., Suite 400, Jacksonville, Florida 32210**

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**F&L CORP.**

Name

**ONE INDEPENDENT DRIVE, SUITE 1300**

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

**JACKSONVILLE, FL 32202**

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 completed 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.*

**F&L CORP.**

By: *Charles V. Hedrick*  
Charles V. Hedrick, Authorized Signatory

(An additional article must be added if an effective date is requested)

*Gardner F. Davis*  
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.)

**Gardner F. Davis, Authorized Signatory**

Typed or printed name of signee

**FILING FEES:**

**\$100.00 Filing Fee for Articles of Organization**  
**\$25.00 Designation of Registered Agent**  
**\$30.00 Certified Copy (OPTIONAL)**  
**\$5.00 Certificate of Status (OPTIONAL)**

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

11 JUN 17 PM 3:52

FILED