Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000224578 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MATHIS & MURPHY, P.A.

Account Number : I20100000006

Phone : (904)396-5500

: (904)396-5560 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 210 SURFSIDE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu



(((H110002245783)))

COVER LETTER

	ation Section n of Corporations		
SUBJECT:		210 Surfside, L	LC
	Name	of Limited Liability Co	mpany
Dear Sir or Mad	am:		
The enclosed Ar	ticles of Correction and fee(s)	are submitted for filing.	
Please return all	correspondence concerning thi	s matter to the followin	g:
	Beth Kirwan		
	Name of Person		
	Mathis & Murphy, P	. A .	
	Firm/Company		-
120	3 Riverplace Boulevard	Suite 902	_
	Address		
	Jacksonville, FL 322	207	
	City/State and Zip Code		_
	llee@mathislaw.ne	et	_
E-mail add	tress: (to be used for future and	пат героп поппсаноп)	
For further infor	mation concerning this matter,	please call:	
	Beth Kirwan	at (904_	396-5500
	Name of Person	Area Co	ode & Daytime Telephone Number
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a cl	neck for the following amount	t:	
S25 Filing Fe		\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08/0	5)		

(((H110002245783)))

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	T: The name of the limited liability company is: 210 Surfside, LLC		
SECO	ND: The articles of organization or the application to transact business		
(CF	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	ATEMENT	
\checkmark	Contains an incorrect statement. The incorrect statement, the reason the state incorrect, and the corrected statement are as follows: Article V shall be amended in its entirety to read:	ement is	
	The name and address of the managing member is:		
	Kelly B. Mathis and Donna A. Mathis, husband and wife, as tenants by	y the entirety	
	1200 Riverplace Boulevard, Suite 902, Jacksonville, FL 32207		
	OR		
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed and	
		SECRE	
Dated:	September 6 , 2011 ,	TARY OF ASSEE.	FILED
	Signature of a member or authorized representative of a member	8: 26 STATE LORIDA	
	Kelly B. Mathis		,,,,,
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

CR2E062 (08/05)

(((H11000224578 3)))

Electronic Articles of Organization For Florida Limited Liability Company

L11000099681 FILED 8:00 AM August 30, 2011 Sec. Of State bbostick

Article I

The name of the Limited Liability Company is: 210 SURFSIDE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1200 RIVERPLACE BOULEVARD SUITE 902 JACKSONVILLE, FL. US 32207

The mailing address of the Limited Liability Company is:

1200 RIVERPLACE BOULEVARD SUITE 902 JACKSONVILLE, FL. US 32207

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

FILED 11 SEP 13 AM 8: 26 SECRETARY OF STATE SECRETARY OF STATE

Article IV

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

KELLY B MATHIS 1200 RIVERPLACE BOULEVARD SUITE 902 JACKSONVILLE, FL. 32207

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.

Registered Agent Signature: KELLY B. MATHIS, ESO.

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L11000099681 FILED 8:00 AM August 30, 2011

Article V

The name and address of managing members/managers are:

Title: MRGM KELLY B MATHIS 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE, FL. 32207 US

Title: MGRM DONNA A MATHIS 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE, FL. 32207 US

Signature of member or an authorized representative of a member

Electronic Signature: KELLY B. MATHIS. ESQ.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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11 SEP 13 AM 8: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA