

FLORIDA DEPARTMENT OF STATE

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135

Phone : (305) 789-3200

Fax Number : (305) 789-3395

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

Email Address: _____

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.

Vestcor Development XXXIX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

C. LEWIS

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Corporate Filing Menu

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EXAMINER

COVER LETTER

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TO: Registration Section
Division of CorporationsSUBJECT: Vestcor Development XXXIX, 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:

Mimi Gross

Name of Person

Stearns Weaver Miller Weissler Alhadeff & Sitterson, P.A.

Firm/Company

150 W. Flagler Street, Suite 2200

Address

Miami, Florida 33130

City/State and Zip Code

mgross@stearnsweaver.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mimi Gross

Name of Person

at (305) 789-3443

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 32314Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vestcor Development XXXIX, 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:

Mailing Address:

3020 Hartley Road, Suite 300

Jacksonville, FL 32257

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

(The Limited Liability Company cannot 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:

Terry M. Lovell, Esq.

Name

150 W. Flagler Street, Suite 2200

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

Miami

FL 33130

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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

Manager

Vestcor Development Corporation, Inc.
3020 Hartley Road, Suite 300
Jacksonville, FL 32267

Member

Highlands Mountain Development IV Corp.
2602 Merida Lane
Tampa, FL 33818

(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. I am aware that any 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.)

Stephen A. Frick

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)

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