

L13000129608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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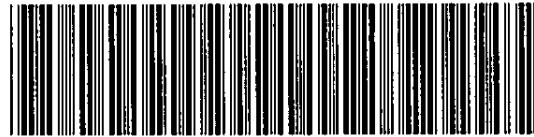
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 SEP 12 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 13 2013

J. BRYAN

Q130-21557



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 798808-005

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 12, 2013

ORDER TIME : 3:52 PM

ORDER NO. : 798808-005

CUSTOMER NO: 7247594

FILED
2013 SEP 12 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: 1956 ANNISTON ROAD LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1956 Anniston Road LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

c/o CBGI 4400 Marsh Landing Blvd

Suite 3

Ponte Vedra Beach Florida 32082

Mailing Address:

c/o CBGI 4400 Marsh Landing Blvd

Suite 3

Ponte Vedra Beach Florida 32082

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:

Steven Mohn

Name

c/o CBGI 4400 Marsh Landing Blvd, Suite 3

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

Ponte Vedra Beach FL 32082

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..

Steven Mohn

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA
PONTA VEDRA

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:

MGR

Ehsanollah Bayat

c/o CBGI 4400 Marsh Landing Blvd, Suite 3

Ponte Vedra Beach, FL 32082

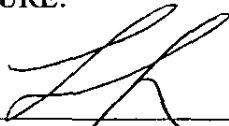
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(Use attachment if necessary)

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.)

Ling W. Lau, Authorized Representative

Typed or printed name of signee

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)