

L14000093855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

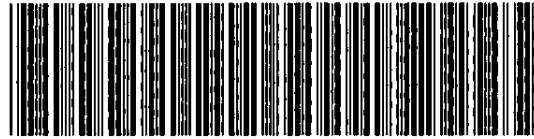
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-34739

Office Use Only



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JUN 10 2014
10:10 PM

EXAMINER

JUN 11 2014

B. BOSTON

ATX1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Southern Properties, 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:

JONATHON B. MANER

Name of Person

Firm/Company

5157 GREENWAY DR N

Address

JACKSONVILLE, FL 32244

City/State and Zip Code

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

For further information concerning this matter, please call:

JONATHON B. MANER

Name of Person

at (904) 318-3865

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)☐ \$180.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2881 Executive Center Circle
Tallahassee, FL 32301

04/18/2007 08:54 FAX

005/008

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Southern Properties, LLC

(Must contain the words "Limited Liability," "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:

5157 GREENWAY DR N
JACKSONVILLE, FL 32244

5157 GREENWAY DR N
JACKSONVILLE, FL 32244

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:

JONATHON B. MANER

Name

5157 GREENWAY DR N

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

JACKSONVILLE

City

FL 32244

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 605, F.S.

Jonathon B. Maner
Registered Agent's Signature (REQUIRED)

(CONTINUED)

04/18/2007 08:55 FAX

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ATX1

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR MEMBER

Name and Address:

JONATHAN B. MANER

5157 GREENWAY DR N

JACKSONVILLE, FL 32244

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.917.155, F.S.)

JONATHAN B. MANER

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)

FILED
JUN 10 2014
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2014

JONATHON B. MANER
5157 GREENWAY DRIVE N.
JACKSONVILLE, FL 32244

SUBJECT: SOUTHERN PROPERTIES, LLC
Ref. Number: W14000034739

We have received your document for SOUTHERN PROPERTIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L01000013447.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 214A00012054