

L14000117067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

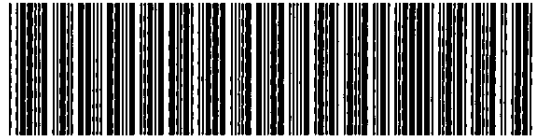
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 24 AM 9:07

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2014

DOUG WILDE  
PO BOX 13421  
GAINESVILLE, FL 32604

SUBJECT: UNIVERSITY OFFICE PARK OF GAINESVILLE LLC  
Ref. Number: W14000039488

We have received your document for UNIVERSITY OFFICE PARK OF GAINESVILLE 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 effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00013737

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: University Office Park of Gainesville**  
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:

Doug R. Wilde

Name of Person

Firm/Company

PO Box 13421

Address

Gainesville, FL 32604

City/State and Zip Code

doug@gainesvillebuilder.com

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

For further information concerning this matter, please call:

Doug R. Wilde

Name of Person

at ( 352 )

Area Code

377-6012

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 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

University Office Park of Gainesville, 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:**9304 SW 32nd PLGainesville, FL 32608**Mailing Address:**PO Box 13421Gainesville, FL 32604**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:

Doug R. Wilde

Name

9304 SW 32nd PLFlorida street address (P.O. Box **NOT** acceptable)Gainesville

City

FL 32608

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.

**Doug R Wilde**

Digitally signed by Doug R Wilde  
DN: cn=Doug R Wilde, o, ou,  
email=doug@ Gainesvillebuilder.com,  
c=US

Date: 2014.06.12 17:51:14 -0500

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Name and Address:

Doug R. Wilde

PO Box 13421

Gainesville, FL 32604

MGR

Richard A. Parent

7328 West University Avenue

Gainesville, FL 32607

(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:**

Doug R Wilde

Digitally signed by Doug R Wilde  
DN: cn=Doug R Wilde, o, ou,  
email=doug@waynevillebuilder.com, c=US  
Date: 2014.06.12 17:41:34 -05 00'

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.817.155, F.S.)

Doug R. Wilde

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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