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**BLEDSON, JACOBSON, SCHMIDT, WRIGHT,
WILKINSON & SUSSMAN**

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**SAMUEL S. JACOBSON
STEPHANIE A. SUSSMAN
KENNETH B. WRIGHT***

***BOARD CERTIFIED CIVIL TRIAL LAWYER**

July 22, 2014

**Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314**

RE: A1A Valet & Parking Management, LLC

Dear Sir or Madam:

Enclosed find a Cover Letter, Articles of Organization, and our firm check in the amount of \$125.00 as the filing fee for the above name company. If you need anything further please do not hesitate to contact our office.

Sincerely,



**Vickie Barnes
Assistant to Stephanie Sussman**

/vsb

Enclosures: check

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A1A VALET & PARKING MANAGEMENT, 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:

STEPHANIE A. SUSSMAN, ESQ.
Name of Person

BLEDSOE, JACOBSON, SCHMIDT, WRIGHT, WILKINSON & SUSSMAN
Firm/Company

1301 RIVERPLACE BLVD., SUITE 1818
Address

JACKSONVILLE, FLORIDA 32207
City/State and Zip Code

stephanie@jacobsonwright.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE A. SUSSMAN, ESQ. at (904) 398-1818
Name of Person 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 32314

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

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TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A1A VALET & PARKING MANAGEMENT, 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:

600 Ponte Vedra Blvd., Unit 301
Ponte Vedra Beach, Florida 32082

600 Ponte Vedra Blvd., Unit 301
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:

STEPHANIE A. SUSSMAN, ESQ.

Name

1301 RIVERPLACE BLVD., SUITE 1818

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

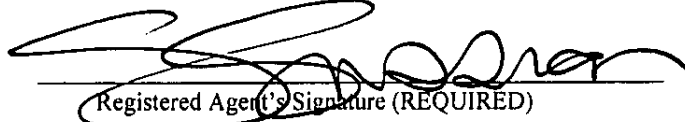
JACKSONVILLE

FL 32207

City

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

1160

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:

MICHAEL CHAMBERS

600 Ponte Vedra Blvd., Unit 301

Ponte Vedra Beach, Florida 32082

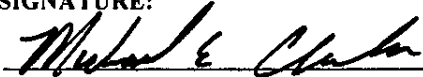
(Use attachment if necessary)

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.817.155, F.S.)

MICHAEL CHAMBERS

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)

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