

L1500 0018975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

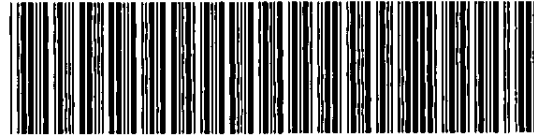
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
15 JAN 30 PM 4:33
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SUFFICIENCY OF FILING

FILED
15 JAN 30 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers FEB 02 2015

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Christina Walker

DATE: 1/30/2015

REF. #: 9427663

CORP. NAME: SULZBACHER VILLAGE, LLC.

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70034957 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
SULZBACHER VILLAGE, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is SULZBACHER VILLAGE, LLC.

ARTICLE II - ADDRESS

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

Principal Office Address:

611 East Adams Street
Jacksonville, FL 32202

ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE

The name and the Florida street address of the registered agent are:

RAX CO.
50 North Laura Street, Suite 3300
Jacksonville, FL 32202

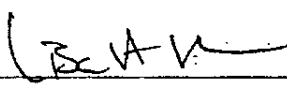
ARTICLE IV - MANAGEMENT

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

Title
AMBR

Name and Address
I.M. Sulzbacher Center for the Homeless, Inc.
611 East Adams Street
Jacksonville, FL 32202

RAX CO., a Florida corporation

By: 
Lisa A. Purvis, Vice President
Authorized Representative of Member

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TALLAHASSEE, FLORIDA

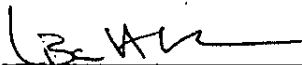
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF
REGISTERED AGENT OF
SULZBACHER VILLAGE, LLC**

Having been named as initial registered agent and to accept service of process for SULZBACHER VILLAGE, LLC, a limited liability company organized under the laws of the state of Florida, at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S. The Registered Office is located at 50 North Laura Street, Suite 3300, Jacksonville, Florida 32202.

IN WITNESS WHEREOF, the undersigned corporation has caused this Certificate to be executed in Jacksonville, Duval County, Florida on this 30th day of January, 2015.

RAX CO., a Florida corporation.
Registered Agent

By: 
Lisa A. Purvis, Vice President

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TALLAHASSEE FLORIDA