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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. ST JOHNS PARK LLC

Certificate of Status	0
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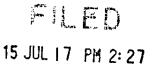
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ST JOHNS PARK LLC

SECHETARY OF STATE TRALE ASSAURANT OF STATE

ARTICLE I - NAME

The name of the Limited Liability Company is ST JOHNS PARK LLC

ARTICLE II - ADDRESS

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

Principal Office Address:

186 San Juan Drive

Ponte Vedra Beach, FL 32082

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 Susan B. Puente 186 San Juan Drive

Ponte Vedra Beach, FL 32082

RAX CO., a Florida corporation

Sharon R. Henderson, Vice President
Authorized Representative of Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury 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 ST JOHNS PARK LLC

Having been named as initial registered agent and to accept service of process for ST JOHNS PARK 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 WITNESS WHEREOF, the undersigned corporation has caused this Certificate to be executed in Jacksonville, Duval County, Florida on this 16th day of July, 2015.

in Chapter 605, F.S. The Registered Office is located at 50 North Laura Street, Suite 3300,

RAX CO., a Florida corporation Registered Agent

Sharon R. Henderson, Vice Presiden

69130384_1

Jacksonville, Florida 32202.