

09/30/2015

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TO: 18506176381 FROM: 813985510

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Division of Corporations

Filing H15000234541

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**USA 2166830**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA  
Account Number : I20050000145  
Phone : (813) 988-5500  
Fax Number : (813) 988-5510

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.****Parkside Commerce Center, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

15 SEP 30 PM 2:59

15 SEP 30 PM 3:07

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
PARKSIDE COMMERCE CENTER, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is PARKSIDE COMMERCE CENTER, LLC,  
("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:  
12395 Jess Walden Rd  
Dover, FL 33527

Mailing Address:  
P.O. Box 1236  
Seffner, FL 33583

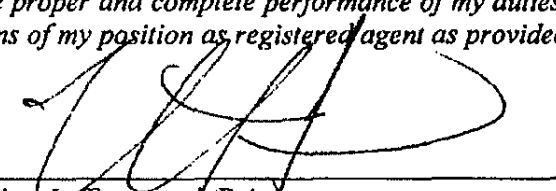
**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Nathan L. Townsend, P.A.  
9385 N. 56th St., Ste. 202  
Tampa, Florida 33617

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*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.*

  
\_\_\_\_\_  
Nathan L. Townsend, P.A.

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#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

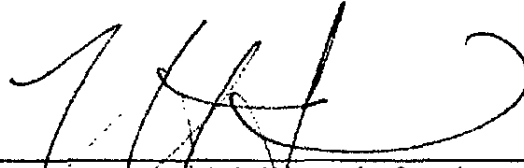
"AMBR" = Authorized Member

Name and Address:

MGR

Kenneth P. Foster  
12395 Jess Walden Rd.  
Dover, FL 33527

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Nathan L. Townsend, authorized representative

Typed or printed name of signer