## L1800030544

(Requestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230; Phone: 850-558-1500

ACCOUNT NO. :	I2000000195
REFERENCE : (	
AUTHORIZATION :	Considera.
COST LIMIT : S	\$ 125.00
ORDER DATE : February 5, 203	18
ORDER TIME : 1:03 PM	
ORDER NO. : 058066-005	
CUSTOMER NO: 7247594	78 18
	<del>}</del>
DOMESTIC FIL	LING SEE 5
NAME: EB GARAGE, I	rrc S Z Z L
	7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
EFFECTIVE DA	ATE:
ARTICLES OF INCORPORATE CERTIFICATE OF LIMITED ARTICLES OF ORGANIZATION	D PARTNERSHIP
PLEASE RETURN THE FOLLOWING A	AS PROOF OF FILING:
CERTIFIED COPY  PLAIN STAMPED COPY  CERTIFICATE OF GOOD S	STANDING
CONTACT PERSON: Roxanne Turr	ner - EXT.
	EXAMINER'S INITIALS:

## COVER LETTER

	Division of Corporations					
SUBJEC	EB GARAGE, LLC					
SOBJEC,		f Limited Liubil	ity Company			
The enclo	osed Articles of Organization and fee(	s) are submitted	for filing.			
Picase ret	turn all correspondence concerning thi	s matter to the	following:			
	Rick Buttner					
		Name of	Person			
	TSI, Inc.					
		Firm/Ca	ompany			
	220 Ponte Vedra Park Drive, Suite	220				
		Addi	css			
	Ponte Vedia Beach, Florida 32082					
	f.buttner@tsiglobe.com	City/State an	d Zip Code	<del></del>		
	E-mail address: (to be	ised for future :	unnual report notification)	_		
For further	information concerning this matter, p	lease call:				
	Rick Buttner	904	686-1470			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed	is a check for the following amount:			JANI.	18	
\$125.001	Filing Fee S130.00 Filing Fee of Certificate of Status	L-JCenili	ob Filing Fee & Shoo.60 Filing Fee. ed Copy al copy is enclosed) Certificate of Status Certified Copy (additional copy is enc	8350	FEB -5 PH	FILE
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		12:12	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
EB GARAGE, LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
220 Ponte Vedra Park Drive, Suite 220	220 Ponte Vedra Park Drive, Suite 220
Ponte Vedra Beach, Florida 32082	Ponte Vedra Beach, Florida F2082
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or
Dean Shelton	
Non Non	ne
220 Ponte Vedra Park Driv	ee, Suite 220
Florida street address (P.O	). Box NOT acceptable)

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 603. F.S.

FL.

State

Ponte Vedra Beach

City

Registered Agent's Signature (REQUIRED)

32082 Zip

(CONTINUED)

FILED

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SECRETARY OF SECRE

Title:	Name and Address:
'AMBR' = Authorized Member	
"MGR" * Manager	
MGR	Rick Buttner
	220 Ponte Vedra Park Drive, Suite 220
	Ponte Vedra Beach, Florida 32082
MGR	Dean Shelton
	220 Ponte Vedra Park Drive, Suite 220
	Ponte Vedra Beach, Florida 32082
•	
•	
<del></del>	
(Use attachment if necessary)	
LEV: Effective date, if other than the date	of tiling:, (OPTIONAL)
ffective date is listed, the date must be sp-	ecific and cannot be more than five business days prior to or 90 days
of filing.)	
If the date inserted in this block does not n	neet the applicable statutory tiling requirements, this date will not be li-
ument's effective date on the Department	of State's records.
LE VI: Other provisions, if any.	

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.

<u>John E. Travers, Esq. (Authorized Representative)</u>

Typed or printed name of signce

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)

