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2/18/2019

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6361

From:

Account Name : UPCHURCH, BAILEY & UPCHURCH, P.A.  
Account Number : 07535000207  
Phone : (904)829-9066  
Fax Number : (904)825-4862

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

Email Address: roclawinfo@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
131 SOUTH ST LLC**

Certificate of Status	1
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Help

TS 2/19/19

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

131 SOUTH ST 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:

MICHAEL A. SIRAGUSA

Name of Person

UPCHURCH, BAILEY &amp; UPCHURCH, P.A.

Firm/Company

POST OFFICE DRAWER 3007

Address

ST. AUGUSTINE, FLORIDA 32085-3007

City/State and Zip Code

masiragusa@ubulaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A. SIRAGUSA

904

829-9066

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

___ \$125.00 Filing Fee	XX \$130.00 Filing Fee &	___ \$155.00 Filing Fee &	___ \$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	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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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

131 SOUTH ST 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:133 SOUTH STREET  
ST. AUGUSTINE, FLORIDA 32084

SAME

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

DEBRA VALENTI-EPSTEIN


Name

133 SOUTH STREETFlorida street address (P.O. Box **NOT** acceptable)ST. AUGUSTINE, FLORIDA 32084

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)

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Page 1 of 2

(((H19000055977 3)))

2019 FEB 18 AM 10:19  
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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

JOHN J. HAGARTY  
133 SOUTH STREET  
ST. AUGUSTINE, FLORIDA 32084

MGR

DEBRA VALENTI-EPSTEIN  
133 SOUTH STREET  
ST. AUGUSTINE, FLORIDA 32084

(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.

N/A

**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.)

DEBRA VALENTI-EPSTEIN

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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