

L19000053483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

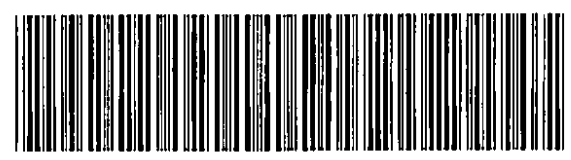
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100325660271

03/01/19--01006--024 \*\*155.00

19 MAR -1 PM 12:54  
RECEIVED  
TALLAHASSEE, FLORIDA

FILED  
19 MAR -1 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8 04 19  
T SCHROEDER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 3/1/19**

**NAME: CLOVIS OF JAX, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 155.00 - CHECK IS ATTACHED**

**RETURN: CERTIFIED COPY PLEASE**

---

**ACCOUNT: FCA00000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

---

**ARTICLES OF ORGANIZATION  
OF  
CLOVIS OF JAX, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is CLOVIS OF JAX, LLC, ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
1558 SAN MARCO BLVD  
JACKSONVILLE, FLORIDA 32207

Mailing Address:  
1558 SAN MARCO BLVD  
JACKSONVILLE, FLORIDA 32207


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

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

SIMON D. ROTHSTEIN  
4417 BEACH BLVD., SUITE 104  
JACKSONVILLE, FLORIDA 32207

**FILED**  
**19 MAR - 1 AM 9:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*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.*

  
SIMON D. ROTHSTEIN

**ARTICLE IV - MANAGERS OR MEMBERS**

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

Title:

Name and Address:

"MGR" = Manager  
"AMBR" = Authorized Member

AMBR

Anthony LaRoche  
1558 SAN MARCO BLVD  
JACKSONVILLE, FLORIDA 32207

**REQUIRED SIGNATURE:**

A handwritten signature in black ink, appearing to read "Simon D. Rothstein", written over a horizontal line.

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.

SIMON D. ROTHSTEIN

Typed or printed name of signee

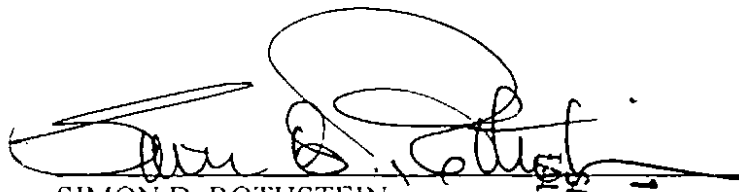
**FILED**  
**19 MAR - 1 AM 9:39**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY CLOVIS OF JAX, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is CLOVIS OF JAX, LLC.
2. The name and the Florida street address of the registered agent and office are:  
SIMON D. ROTHSTEIN  
4417 BEACH BLVD., SUITE 104, JACKSONVILLE, FLORIDA 32207 (Post office box is 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 605, Florida Statutes.

  
SIMON D. ROTHSTEIN  
Registered Agent

**FILED**  
19 MAR - 1 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA