

| (Re                     | equestor's Name)         |
|-------------------------|--------------------------|
| (Ad                     | ddress)                  |
| bA)                     | ddress)                  |
| (Cit                    | ty/State/Zip/Phone #)    |
| PICK-UP                 |                          |
| (Bu                     | isiness Entity Name)     |
| (Do                     | ocument Number)          |
| Certified Copies        | _ Certificates of Status |
| Special Instructions to | Filing Officer:          |
|                         |                          |
|                         |                          |
|                         |                          |
|                         | Office Use Only          |







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| <b>CAPITAL CONNECTION, INC.</b><br>417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301<br>(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 |  |
|---|--|
| Property, LLC   |  |
|   | Art of Inc. File<br>LTD Partnership File           |
|   | Foreign Corp. File                                 |
|   | Fictitious Name File Trade/Service Mark            |
|   | Merger File<br>Art. of Amend. File                 |
|   | RA Resignation<br>Dissolution / Withdrawal         |
|   | Annual Report / Reinstatement                      |
|   | Photo Copy   |
|   | Certificate of Good Standing Certificate of Status |
|   | Certificate of Fictitious Name Corp Record Search  |
|   | Officer Search<br>Fictitious Search                |
| nature  | Fictitious Owner Search<br>Vehicle Search          |
|   | Driving Record                                     |
| Juested by: Seth03/18meDateTime   | UCC 1 or 3 File<br>UCC 11 Search                   |
| Ik-In Will Pick Up  | UCC 11 Retrieval<br>Courier                        |

### **COVER LETTER**

|               | egistration Section<br>ivision of Corporations   |                  |   |
|---------------|--|------------------|---|
| SUBJECT       | SJ Property, LLC   |                  |   |
| JUDJECI       |  | Limited Liabili  | y Company   |
| The enclos    | ed Articles of Organization and fee(s)   | are submitted    | for filing.   |
| Please retu   | rn all correspondence concerning this  | matter to the fo | ollowing:   |
|               | Jesse Caedington   |                  |   |
|               |  | Name of          | Person  |
|               | Holden, Carpenter & Roscow, PL   |                  |   |
|               |  | Firm/Cor         | npany   |
|               | 5608 NW 43rd Street  |                  |   |
|               |  | Addre            |   |
|               | Gainesville, FL 32653  |                  |   |
|               | jesse@gnv-law.com  | City/State and   | I Zip Code  |
|               | · · · ·  | sed for future a | nual report notification)   |
| For further i | nformation concerning this matter, ple   | ase call:        |   |
|               | Jesse Caedingtonat (   | 352              | 373-7788  |
|               | Name of Person   | Area Code        | Daytime Telephone Number  |
| Enclosed i    | s a check for the following amount:  |                  |   |
| \$125.00 F    | iling Fee<br>S130.00 Filing Fee &<br>Certificate of Status   | Certifie         | 0 Filing Fee & \$160.00 Filing Fee.<br>d Copy<br>l copy is enclosed) Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|               | <u>Mailing Address</u><br>New Filing Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |                  | Street Address<br>New Filing Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle<br>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:

SJ Property, 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:      |  |  |
|---------------------------|-----------------------|--|--|
| 1439 NW 104th Dr.         | 1439 NW 104th Dr.     |  |  |
| Gainesville, FL 32605     | Gainesville, FL 32605 |  |  |

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

|                                      | Name                             |           |
|--------------------------------------|----------------------------------|-----------|
| 1439 NW 104th Dr.                    |                                  |           |
|                                      |                                  |           |
| Florida street addres                | ss (P.O. Box <u>NOT</u> ac       | ceptable) |
| Florida street addres<br>Gainesville | ss (P.O. Box <u>NOT</u> ac<br>FL | 32605     |

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, 1 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 1 am familiar with and accept the obligations of my position as registered ggept as provided for in Chapter 605, F.S..

s/Signature (REQUIRED) Registered Agent

(CONTINUED)

Page 1 of 2



#### ARTICLE IV-

. . . . . . . . . .

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

| Title:                                 | Name and Address:     |                                    |
|--|-----------------------|------------------------------------|
| "AMBR" = Authorized Member             |                       |                                    |
| "MGR" = Manager                        |                       |                                    |
| MGR                                    | Jeffrey W. Pfannes    |                                    |
|  | 1439 NW 104th Dr.     |                                    |
|  | Gainesville, FL 32606 |                                    |
|  |                       | FAS -                              |
| MGR                                    | Marc S. McKnight      | <u> </u>                           |
|  | 1244 NW 50th Dr.      |                                    |
|  | Gainesville, FL 32605 |                                    |
|  |                       | NSS SS                             |
|  |                       | <u> </u>                           |
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|  |                       | <u> </u>                           |
|  |                       | - CA                               |
| (Use attachment if necessary)          |                       | · <u> </u>                         |

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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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

|          | Ait  |
|----------|--|
| REOUIRED | SIGNATURE:   |
|          | - While W Minune   |
|          | Signature of a member or an authorized representative of a member.                       |
|          | This document's 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.                     |
|          | Jeffrey W. Pfannes   |
|          | Typed or printed name of signee  |
|          | Filing Fees:   |
| **** *** | ling 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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