

L190000156196

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000193886 3)))



H19000193886 3ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : AKERMAN LLP - JACKSONVILLE
Account Number : 105543000740
Phone : (904) 798-3700
Fax Number : (904) 798-3730

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

Email Address: sschmpff@icloud.com

FLORIDA LIMITED LIABILITY CO. SIT Coastal 9 LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

AMS/RFD

K. PAGE

JUN 24 2019

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 19 JUN 21 AM 7:43
 TALLAHASSEE, FLORIDA

(((H19000193886 3)))

**ARTICLES OF ORGANIZATION
OF
SIT COASTAL 9 LLC**

**ARTICLE I
NAME**

The name of the limited liability company is SIT COASTAL 9 LLC (the "Company").

**ARTICLE II
ADDRESS**

The street and mailing address of the principal office of the Company 2539 Laurel Road, Jacksonville, Florida 32207.

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

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

Name: CT CORPORATION SYSTEM

Address: 1200 South Pine Island Road
Plantation, FL 33324

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

REGISTERED AGENT:

CT CORPORATION SYSTEM

By: Candice Pignataro, Assistant Secretary
Name: _____
Its: _____

**ARTICLE IV
PURPOSE**

The Company is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

{Signature page follows}

(((H19000193886 3)))

2019/06/21 11:11:28 3 /3

(((H19000193886 3)))

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of SIT Coastal 9 LLC, a Florida limited liability company, as of the 20th day of June, 2019.

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, 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 Florida Department of State constitutes a third degree felony as provided for in Section 817.155 of the Florida Statutes.

ASD

Andrew M. Sodl, Authorized Representative of Member

(((H19000193886 3)))