

L1900024333

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

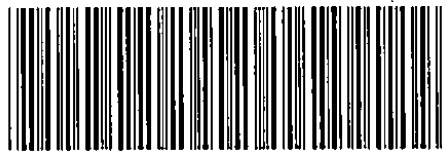
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TALLAHASSEE, FLORIDA

OCT 09 2019

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DATE: 10/8/19

NAME: BP OF JAX, LLC

TYPE OF FILING: ARTICLES

COST: 155.00 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

**ARTICLES OF ORGANIZATION
OF
BP OF JAX, LLC**

ARTICLE I – NAME

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

ARTICLE II – ADDRESS

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

Principal Office Address:
219 North Newnan Street
Jacksonville, Florida 32202

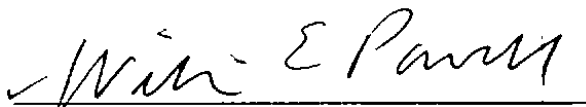
Mailing Address:
219 North Newnan Street
Jacksonville, Florida 32202

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

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

William E. Powell
219 North Newnan Street
Jacksonville, Florida 32207

Having been named as registered agent and to accept service of process for stated limited liability company at the place designated in this certificate, I hereby appoint myself 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. I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 605, F.S.



William E. Powell

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

MGR

William E. Powell

219 North Newnan Street

Jacksonville, Florida 32207

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with 605.0203(1)(b), Florida Statutes. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

William E. Powell

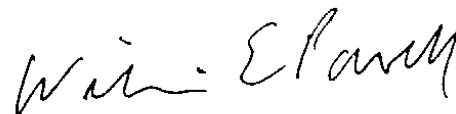
Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY BP OF JAX, LLC, SUBMIT 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 BP OF JAX, LLC.
2. The name and the Florida street address of the registered agent and office
William E. Powell, 219 North Newnan Street, Jacksonville, Florida 32202
office box is NOT acceptable.)

Having been named as registered agent and to accept service of process for the
stated limited liability company at the place designated in this certificate, I hereby accept
appointment as registered agent and agree to act in this capacity. I further agree to conform
to the provisions of all statutes relating to the proper and complete performance of my duties
and am familiar with and accept the obligations of my position as registered agent as provided in
Chapter 605, Florida Statutes.



William E. Powell
Registered Agent