Division of Corporations Electronic Filing Cover Sheet

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(((H21000220293 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GINN & PATROU, PA Account Number : I20190000124 Phone : (904)461-3000 Fax Number : (844)730-9828

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

Email Address: Utterme & Mnn Dutro (DM)

### FLORIDA LIMITED LIABILITY CO. **BSW PROPERTIES 2 LLC**

Certificate of Status	0
Certified Copy	U
Page Count	02
Estimated Charge	\$125.00

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2021-06-03 13:21:08 UTC

8447309828

From: 15034367151

# H210002202033 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### **BSW PROPERTIES 2 LLC**

(Must contain 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:	
2695 Glory Trail	2695 Glory Trail	
Jacksonville, FL 32210	Jacksonville, FL 32210	
	<del></del>	

#### 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:

Ginn & Patrou, PA		
	Name	<del>-</del>
770 AlA Beach Blv	d., Unit D	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
St. Augustine	FL	32080
City	State	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)

(CONTINUED)

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## H210002202933

#### ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authoriz	lember	
"MGR" = Manager		
MGR	Wales Investment Properties LLC	
	2695 Glory Trail Jacksonville, FL 32210	-
	Jacksonvine, 1 E 52210	_
		_
		_
		~
		_
		-
		-
		_
		_
		_
ARTICLE V: Effective date, (If an effective date is listed, the date of filing.)	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90	) days after
Note: If the date inserted in t	clock does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	t be listed as
ARTICLE VI: Other provisio	any.	
REQUIRED SIGN	RE:	
	J.19-46	
I am	mature of a member or an authorized representative of a member. ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, re that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.	
	Typed or printed name of signce	
	Ciling Food:	

#### 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)