

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

From: Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
Account Number : I20090000089
Phone : (904)543-4300
Fax Number : (904)543-4301

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

Email Address: esafere@jxfirm.com

FLORIDA LIMITED LIABILITY CO.
OVERSIGHT PROPERTY SERVICES, LLC

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

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is: **OVERSIGHT PROPERTY SERVICES, LLC**

ARTICLE II - Address

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

Principal Office Address:

4348 Southpoint Boulevard,
Suite 101
Jacksonville, FL 32216

Mailing Address:

4348 Southpoint Boulevard,
Suite 101
Jacksonville, FL 32216

**ARTICLE III - Registered Agent, Registered Office &
Registered Agent's Signature**

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

Eliot J. Safer
4348 Southpoint Boulevard, Suite 101, Jacksonville, Florida 32216

Having been named as registered agent 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

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ARTICLE IV - Management

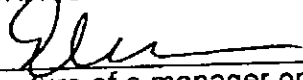
The company is to be managed by its managers.

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

Manager

Eliot J. Safer
4348 Southpoint Boulevard, Suite 101
Jacksonville, FL 32216

SIGNATURE:



Signature of a manager or an authorized representative of a manager

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.

Eliot J. Safer

Name of Signee

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JACKSONVILLE