

L24000259510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

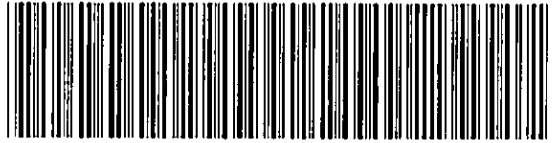
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900428914099

FILED

2024 JUN 11 AM 9:47

CLERK OF STATE
TALLAHASSEE, FL

2

RECEIVED

2024 JUN 11 AM 10:33

CLERK OF STATE
TALLAHASSEE, FL

**Department of State
Division of Corporations**

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr Suite 105
Tallahassee, FL 32303
850-294-5632
Date- 6/10/2024

Stealth Courier Box

Requester: Azurede Ross
Company: Jacksonville Seven Pines
Job# : 15339190

FILED
2024 JUN 11 AM 9:47
DEPT. OF STATE
TALLAHASSEE, FL

**Department of State
Division of Corporations**

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr Suite 105

Tallahassee, FL 32303

850-294-5632

Date- 6/10/2024

Stealth Courier Box

Requester: Azurede Ross

Company: Jacksonville Seven Pines

Job# : 15339190

2024 JUN 11 AM 9:47
TALLAHASSEE, FL
DEPARTMENT OF STATE

FILED

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Jacksonville Seven Pines MOB LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Azurede Ross

Name of Person

Meridian Partners Law P.A.

Firm/Company

4923 W. Cypress St.

Address

Tampa, FL 33607

City/State and Zip Code

azurede@meridianpartnerslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Azurede Ross

813

443-5260

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JUN 11 AM 9:47
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacksonville Seven Pines MOB 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:

5600 Mariner Street, Suite 140
Tampa, FL 33609

5600 Mariner Street, Suite 140
Tampa, FL 33609

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:

Bryan W. Sykes, Esq.

Name

4923 W. Cypress St.

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL

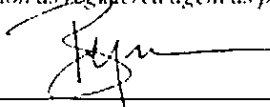
33607

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)

2024 JUN 11 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Onicx Healthcare Real Estate Fund ME LLC

5600 Mariner Street, Suite 140

Tampa, FL 33609

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

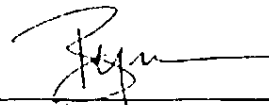
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

BRYAN W. SYKES / AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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)

2024 JUL 11 AM 9:47
CLERK OF STATE
DEPARTMENT OF STATE

FILED