

L25000028678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

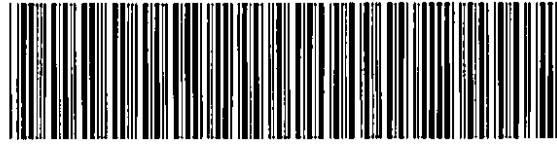
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400441814994

01/24/25--01002--011 **250.00

S CHATHAM
JAN 24 2025

RECEIVED

2025 JAN 24 PM 2:57

OFFICE OF THE CLERK
JAN 24 2025 2:57 PM

2025 JAN 24 AM 8:11
OFFICE OF THE CLERK

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

125

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 1/23

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC

1. SOUTHPARK HOLDINGS, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHPARK HOLDINGS, 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:

165 Southpark Blvd
Saint Augustine, Florida 32086

Mailing Address:

685 Standish Drive
Saint Augustine, FL 32086

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:

Michael J. Barker, Esq.

Name

12428 San Jose Blvd., Ste 1

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

Jacksonville Florida 32223

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)

2025 JUN 24 AM 9:06
SECRETARY OF STATE
FLORIDA

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

MGR

Dr. Edwin Sia
685 Standish Drive
Saint Augustine, Florida 32086

7.4 5

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)