

L9500000327

CERTIFICATE(S) REQUESTED: NO
ESTIMATED CHARGES: \$337.50

IF THE ABOVE INFORMATION IS CORRECT, AND YOU WOULD LIKE TO HAVE THE ACCOUNT CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

ENTER/SELECTION AND <CRFLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

4:31 PM

((H95000004815)) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: FOLEY & LARDNER
DEPARTMENT OF STATE 200 LAURA ST
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

JACKSONVILLE FL 32202- 194

FAX: (904) 922-4000

CONTACT: KAREN PETERSON

PHONE: (904) 359-2000

FAX: (904) 359-8700

((H95000004815))

DOCUMENT TYPE: LIMITED LIABILITY COMPANY

NAME: INTEGROUP PROPERTY MANAGEMENT, L.C.

FAX AUDIT NUMBER: H95000004815

CURRENT STATUS: REQUESTED

DATE REQUESTED: 04/28/1995

TIME REQUESTED: 16:31:03

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 5

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$337.50

ACCOUNT NUMBER: 072720000061

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H95000004815))

** ENTER 'M' FOR MENU. **

ENTER/SELECTION AND <CRFLORIDA DIVISION OF CORPORATIONS

4:31 PM

PUBLIC ACCESS SYSTEM
ELECTRONIC PROCESSING MENU

1. ENTER PASSWORD
2. REQUEST ELECTRONIC FILING
3. REQUEST ELECTRONIC CERTIFICATE
4. ALTER DEFAULTS FOR THIS SESSION
5. RESTORE ORIGINAL DEFAULTS
6. ELECTRONIC FILING INQUIRY MENU
7. UCC ELECTRONIC FILING MENU
8. RETURN TO MAIN MENU

--KEY--

PASSWORD/NEWPASSWORD

DOCUMENT TYPE

CORPORATE DOCUMENT NUMBER

*** NO KEY ***

*** NO KEY ***

*** NO KEY ***

*** NO KEY ***

*** NO KEY ***

--- CURRENT DEFAULTS ---

ACCOUNT NAME: 072720000061

SUB ACCOUNT:

METHOD OF DELIVERY: F

MAIL NAME: FOLEY & LARDNER

MAIL ADDR1: 200 LAURA ST

MAIL ADDR2:

CITY: JACKSONVILLE

ENTER SELECTION NUMBER, 1 THRU 8, A BLANK AND THE KEY (IF REQUIRED).

ST: FL

ZIP: 32202-

COUNTRY: US

AVAILABLE BALANCE \$760.00

FAX NUMBER: (904) 359-8700

ENTER/SELECTION AND <CRFLORIDA DIVISION OF CORPORATIONS

4:31 PM

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING REQUEST

1. PROCESS ELECTRONIC FILING REQUEST (\$)
2. ABANDON ELECTRONIC FILING REQUEST AND RETURN TO MENU

--KEY--

NO KEY

NO KEY

413-69493

04-20-1995 05:03PM

FOLEY LARDNER/JACKSONVILLE

9043593700 P.01

FOLEY & LARDNER

POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240
THE GREENLEAF BUILDING
200 LAURA STREET 32202-3820
TELEPHONE (904) 359-2000

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
MADISON, WISCONSIN
CHICAGO, ILLINOIS
WASHINGTON, D.C.
ALEXANDRIA, VIRGINIA
ANNAPOLIS, MARYLAND

FACSIMILE TRANSMISSION

TO: Florida Division of Corporations

FAX NO.: (904)922-4000

FROM: Migdalia Figueroa

FAX NO.: (904) 359-0509

DATE: April 28, 1995

TIME: 4:08pm

NO. OF PAGES (including this page): 8 7

MESSAGE: *Re: Acts of Org. of Intergroup Property Management, L.C.*

OPERATOR: MF

FILE NO.: 66129/104

IF YOU DO NOT RECEIVE ENTIRE FAX TRANSMISSION,
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 359-2000

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

**ARTICLES OF ORGANIZATION
OF
INTEGROUPE PROPERTY MANAGEMENT, L.C.**

1. Name and Principal Place of Business. This limited liability company, organized pursuant to Chapter 608, Florida Statutes, shall be known as Integroupe Property Management, L.C. Its mailing address and its principal office shall be located at 7077 Bonneval Road, Suite 450, Jacksonville, FL 32216.
2. Commencement and Duration of Existence. This limited liability company shall exist perpetually from the date of its commencement, which shall be the date of filing of these Articles with the Florida Secretary of State, and terminate in the manner provided by law, or as provided in the regulations adopted by the members.
3. Purposes and Powers. This limited liability company is organized for all lawful purposes and shall have all powers now or hereafter granted to limited liability companies under the Florida Statutes.
4. Office and Registered Agent. The name and address of the initial registered agent for the Company in the state of Florida are:

Lester N. Garripoe
7077 Bonneval Road
Suite 450
Jacksonville, FL 32216
5. Admission of Additional Members. Additional members may not be admitted except as provided in the regulations adopted by the members.
6. Continuation of Business. Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company, or the occurrence of any of the other events specified in Fla. Stat. Section 608.441(1) which causes the dissolution of the Company, unless the dissolution of the Company is a consequence of a unanimous written agreement of all members, the remaining members, if there are at least two remaining members, may vote within ninety (90) days following knowledge by the Company of such event whether or not to continue to conduct the affairs of the Company. The affirmative vote or written consent of a majority in interest (measured by their percentage interests in profits and losses absent special allocations) of the remaining members shall be required to continue the business of the Company.

Prepared by: Linda Y. Kolko, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

7. **Management.** The limited liability company is to be managed by one manager. The name and address of the initial manager who is to serve until the first annual meeting of members or until its successor is elected and qualified are as follows:

Integroup, Inc.
7077 Bonneval Road
Suite 450
Jacksonville, FL 32216

IN WITNESS WHEREOF, the undersigned incorporator, who is a member, has executed, subscribed to and acknowledged these Articles of Organization this 25th day of April, 1995.

INTEGROU, INC.

By: _____

Lester N. Garriceo, Vice President
7077 Bonneval Road
Suite 450
Jacksonville, Florida 32216

04-20-1995 03:05PM

FOLEYLORDNER/JACKSONVILLE

9043590700 P.05

Fax Audit No. H95000004815

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company, at the place designated in the above Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and I accept the obligations of a registered agent.

REGISTERED AGENT



Lester N. Garripoe, Registered Agent

Date: 26th April, 1995

1A001PARTIALMENT, pg.3
04/26/95 20:00pm MPA

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

In compliance with Florida Statutes Section 608.407(2), the undersigned member of Integroup Property Management, L.C. depose and state:

1. The limited liability company identified above has at least two members.
2. No cash has been contributed yet by the members.
3. No other property is being contributed by the members.
4. The total amount of cash anticipated to be contributed by the members is \$1,000.

IN WITNESS WHEREOF, the undersigned have executed this Affidavit this 28th day of April, 1995.

INTEGROU, INC.

By: [Signature]
Lester N. Garripec, Vice President

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 28th day of April, 1995, by Lester N. Garripec, the Vice President of Integroup, Inc., a Florida corporation, on behalf of the corporation. Such person did take an oath and: (notary must check applicable box).

- ☒ is personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

{Notary Seal must be affixed}



OFFICIAL SEAL
VALERIE M. MARTIN
My Commission Expires
March 15, 1997
Comm. No. CC 266321

[Signature]
Signature of Notary

[Signature]
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): CC 266321

My Commission Expires (if not legible on seal): MARCH 15, 1997

FILED
95 MAY -1 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DUVAL

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared Lester N. Garripee, personally known to me to be Vice President of Integroup Property Management, Inc., a Florida corporation (the "Company") who, being by me duly sworn, certified as follows:

1. He is the Vice President of Integroup Property Management, Inc., a Florida corporation which has filed Articles of Dissolution with the Florida Secretary of State on this the 28th day of April, 1995.
2. On behalf of Integroup Property Management, Inc. he hereby consents to the use of the name "Integroup Property Management, L.C." for a new limited liability company.
3. This Affidavit is made to induce the Florida Department of State to accept for filing the Articles of Organization of Integroup Property Management, L.C. filed on behalf of its members, Integroup, Inc. and Ronald F. Buckley.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 28th day of April, 1995.

INTEGROU PROPERTY MANAGEMENT, INC.

By: [Signature]
Lester N. Garripee
Vice President

The foregoing instrument was acknowledged before me this 28th day of April, 1995, by Lester N. Garripee, Vice President of Integroup Property Management, Inc., a Florida corporation, on behalf of the corporation. Such person did take an oath and: (notary must check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.

{Notary Seal must be affixed}



OFFICIAL SEAL
VALERIE N. MARTIN
Notary Public, State of Florida
Commission Expires
March 15, 1997
Comm. No. CC 266321

[Signature]
Signature of Notary

Valerie N. Martin
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): CC 266321

My Commission Expires (if not legible on seal): MARCH 15, 1997

FILED
95 MAY -1 PM: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA