

L99000003630

June 1, 1999

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


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-06/16/99--01017--007
****285.00 ****285.00

re: Mayport II, LLC

Sir/Madam:

Enclosed please find the original and one copy of Articles of Organization and Affidavit, together with my check in the amount of \$285.00(\$250.00 for Filing Fee and \$35.00 for Designation of Registered Agent).

Sincerely,


Carol Frederes-Kjar
Member

Mayport II, LLC
332 Third Street
Atlantic Beach, FL 32233
(904) 247-0828

Name	MJH
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 16 AM 11:35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAYPORT II, LLC

ARTICLE II - Address:

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

332 THIRD STREET
ATLANTIC BEACH, FL 32233

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: PERPETUAL

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ROGER B KJAR 332 THIRD STREET
ATLANTIC BEACH, FL 32233

CAROL KJAR 332 THIRD STREET
ATLANTIC BEACH, FL 32233

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

ADDITIONAL MEMBERS MAY BE ADMITTED AT SUCH TIMES AND ON SUCH TERMS AND CONDITIONS AS ALL MEMBERS MAY UNANIMOUSLY AGREE AND AS PROVIDED IN THE OPERATING AGREEMENT OF THE COMPANY.

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on 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 limited liability company shall be:

THE REMAINING MEMBERS OF THE COMPANY MAY CONTINUE THE BUSINESS UPON THE DEATH, RETIREMENT, EXPULSION, BANKRUPTCY OR DISSOLUTION OF A MEMBER OR OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE COMPANY UPON UNANIMOUS AGREEMENT AND AS PROVIDED IN THE OPERATING AGREEMENT OF THE COMPANY.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of MAYPORT II, LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 285.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 31,000.00.

Carol Frederes-Kjar
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CAROL FREDERES-KJAR
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: MAYPORT II, LLC

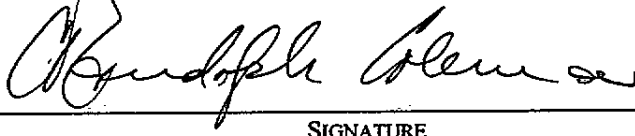
2. The name and the Florida street address of the registered agent are:

C. RANDOLPH COLEMAN, ESQ.
NAME

9250 BAYMEADOWS ROAD SUITE 230
Florida street address (P. O. Box NOT ACCEPTABLE)

JACKSONVILLE, FL 32256-1813
CITY, STATE AND 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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent