

L9900000 4458

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

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-07/21/99--01059--015  
\*\*\*\*337.50 \*\*\*\*337.50

CORPORATION(S) NAME

Partners Management Services, L.L.C.

FILED  
99 JUL 21 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
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07/21/99

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99 JUL 21 AM 11:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

7-22-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 21, 1999

RECEIVED

99 JUL 22 AM 10:13

CT CORPORATION SYSTEM

SUBJECT: PARTNERS MANAGEMENT SERVICES, L.L.C.  
Ref. Number: W99000016830

We have received your document for PARTNERS MANAGEMENT SERVICES, L.L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 299A00037403

*Please back date*

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99 JUL 21 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A large, stylized handwritten signature, likely of Shawn Logan, in dark ink.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PARTNERS MANAGEMENT SERVICES, L.L.C.

## ARTICLE II - Address:

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

1 Independent Drive, Suite 1600  
Jacksonville, Florida 32202-5009

## 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:

Southcoast Capital Corporation  
1 Independent Drive, Suite 1600  
Jacksonville, Florida 32202-5009

☐ 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:

## 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:

Southcoast Capital Corporation

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TALLAHASSEE, FLORIDA

**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:

Southcoast Capital Corporation

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of \_\_\_\_\_  
Partners Management Services, L.L.C. \_\_\_\_\_ 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 \$ 10,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0-;  
(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 \$ 10,000.00.

Southcoast Capital Corporation

By: 

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

David S. Boone, Vice President

(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.)

David S. Boone, Vice President

Typed or printed name of signer

**Filing Fee: \$250.00 for Articles and Affidavit**

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TALLAHASSEE, FLORIDA

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FILED

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_  
PARTNERS MANAGEMENT SERVICES, L.L.C.

2. The name and address of the registered agent and office is:

David S. Boone  
(Name)  
1 Independent Drive, Suite 1600  
(P.O. Box not acceptable)  
Jacksonville, Florida 32202-5009  
(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.*



David S. Boone  
(Signature)

July 20, 1999

(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA