

# M17000003728

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : I20160000008  
Phone : (850) 777-2091  
Fax Number : (770) 220-1943

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Jacksonville Gateway Village, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2017 MAY -2 AM 11:53

TALLAHASSEE, FLORIDA

FILED  
2017 MAY -2 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Resubmission  
corrected

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jacksonville Gateway Village, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Elissa Hart

\_\_\_\_\_  
Name of Person

Smith, Gambrell & Russell, LLP

\_\_\_\_\_  
Firm/Company

1230 Peachtree St. NE, Suite 3100

\_\_\_\_\_  
Address

Atlanta, GA 30309

\_\_\_\_\_  
City/State and Zip Code

JPorter@sgrlaw.com

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

For further information concerning this matter, please call:

Elissa Hart

404

815-3583

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Jacksonville Gateway Village, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 82-1366494  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon filing of this application  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9822 Tapestry Park Circle, Suite 201  
Jacksonville, FL 32246  
(Street Address of Principal Office)

6. 9822 Tapestry Park Circle, Suite 201  
Jacksonville, FL 32246  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: James H. Porter  
Office Address: 50 N. Laura Street, Suite 2600  
Jacksonville Florida 32202  
(City) (Zip code)

## Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: [Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Sidlyd Gateway Village Investors, LLC (MGR)  
9822 Tapestry Park Circle, Suite 201  
Jacksonville, FL 32246

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
(Signature of an authorized person)

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.

James Laffin - Manager of Sidlyd Gateway Village Investors, LLC

(Typed or printed name of signer)

FILED  
2017 MAY -2 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JACKSONVILLE GATEWAY VILLAGE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JACKSONVILLE GATEWAY VILLAGE, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED  
2017 MAY -2 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



6392006 8300

SR# 20172827852

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Handwritten signature of Jeffrey W. Bullock, Secretary of State of Delaware, over a horizontal line.  
Jeffrey W. Bullock, Secretary of State

Authentication: 202439214

Date: 04-26-17

((H17000118881 3)))

850-617-6381

5/2/2017 10:35:13 AM PAGE 1/001 Fax Server



May 2, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TRIAD PROFESSIONAL SERVICES

SUBJECT: JACKSONVILLE GATEWAY VILLAGE, LLC  
REF: W17000037564

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(a), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H17000118881  
Letter Number: 517A00008539