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2004 JUL -2 P 4:00

SECRETARY OF STATE  
IDA



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(Requestor's Name)

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(Document Number)

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**TRANSMITTAL LETTER**

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**TO:** Registration Section  
Division of Corporations

2004 JUL -2 P 4: 00

**SUBJECT:** Atlantic/Stuart Lodge, LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William C. McFee  
(Name of Person)

Schulten Ward & Turner  
(Firm/Company)

260 Peachtree Street, Suite 2700  
(Address)

Atlanta, Georgia 30303  
(City/State and Zip Code)

For further information concerning this matter, please call:

William C. McFee at ( 404 ) 688-6800  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED

2004 JUL -2 P 4: 0

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atlantic/Stuart Lodge, LLC

ARTICLE II - Address:

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

Principal Office Address:

Twelve Piedmont Center, #418

Atlanta, Georgia 30305

Mailing Address:

Twelve Piedmont Center, #418

Atlanta, Georgia 30305

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FLORIDA 33324

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 as provided for in Chapter 608, Florida Statutes..*

C T Corporation System

By:

Registered Agent's Signature

Shelley Savage  
Vice President

**FILED**

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

2004 JUL -2 P 4: 00

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM \_\_\_\_\_

Atlantic Investors Group, Inc.  
Twelve Piedmont Center #416  
Atlanta, Georgia 30305

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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

William C. McFee, Organizer  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)