## 105000042357

(Re	equestor's Name)
(Ad	ldress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
425	FIC
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Office Use Only	



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: /5+ Remote of Limited L	esort LLC iability Company)
•	
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Rick Bodie	ne of Person)
() 1-m	2000
1st Reso	ort
(Fin	n/Company)
7 Cedar 1	Ridge Way
(	Additions)
Niceville (City/State	FLorida 32578 te and Zip Code)
For further information concerning this matter, please call	- 
Rick Bodie at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	3 \$155.00 Filing Fee & ☐ \$160.00 Filing Fec, Certified Copy additional copy is enclosed) ☐ \$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399

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Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•
ARTICLE I - Name: The name of the Limited Liability Company is	s: · ·
1st Resort	LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7 Cedar Ridge Way Niceville FLorida 32578	PO Box 872 Niceville PLovida 32588
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
Rick B	odie
	Ridge Way address (P.O. Box NOT acceptable)
City, State	FL 32578 e, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agen	5 Bodil t's Signature

(CONTINUED)

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The name and address of	each Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Me	Name and Address:
<u>MGR</u>	Rick Bodie  7 Gedar Ridge Way  Niceville PLorida 32578
(Use attachment if necessa	ry)
NOTE: An additional at	ticle must be added if an effective date is requested.
REQUIRED SIGNATUR	Œ:
Signature	Rick & Bodie
(In accord of this do	of a member or an authorized representative of a member.  ance with section 608.408(3), Florida Statutes, the execution aument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
Will - 5-	Rick Bodie Typed or printed name of signee

Filing Fees:

1:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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