

L10000120615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

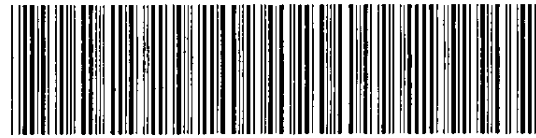
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800187612568

11/22/10--01002--001 #130.00

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 NOV 22 AM 8:18

RECEIVED

T. CLINE

NOV 22 2010

EXAMINER

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 NOV 22 AM 8:25

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Idlewild House, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BARBARA McDERMID
Name of Person

Idlewild House LLC
Firm/Company

5021 BRANDED OAKS CT.
Address

Tallahassee, FL 32311
City/State and Zip Code

<bobbiermcdermid@aol.com>
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA McDERMID at (850) 559-6141
Name of Person Area Code & Daytime Telephone Number

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 (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 NOV 22 AM 8:25
 FILED

Effective Date 11/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Idlewild House, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1121 ~~BEAN~~ Idlewild Drive
Tallahassee, FL
32301

Mailing Address:

5021 Branded Oaks Ct
Tallahassee, FL
32311

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BARBARA McDERMID
Idlewild House, LLC
5021 Branded Oaks Ct.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32311
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, F.S..

Barbara McDermid

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
10 NOV 22 AM 8:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Mgr.

Name and Address:

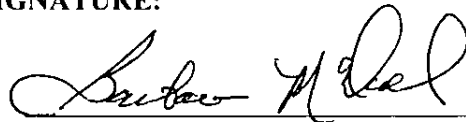
BARBARA McDERMID
5021 BRANDLED OAKS CT
TALLAHASSEE, FL 32311

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/11 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. 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.)

BARBARA McDERMID

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
10 NOV 22 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA