

L12000027998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

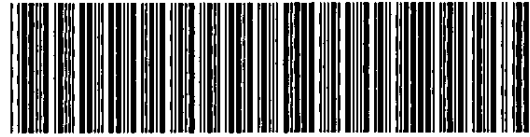
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

FEB 28 2012

DENNIS V. NYMARK, P.A.

Attorney at Law
110 S. Pebble Beach Blvd.
Sun City Center, Florida 33573-5788

Phone: (813) 634-8447
Fax: (813) 634-8918

February 22, 2012

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

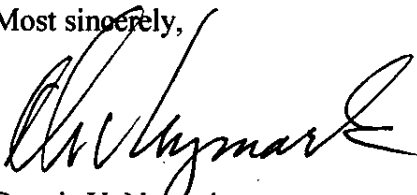
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: ALAFIA RIVER FAIR, LLC

Dear Sir or Madam:

Enclosed is the original and one copy of the Articles of Organization for ALAFIA RIVER FAIR, LLC, and a check for \$130.00. Please return one certified copy.

Most sincerely,



Dennis V. Nyemark
DVN/cn

Enclosures

ARTICLES OF ORGANIZATION

OF

ALAFIA RIVER FAIR, LLC

ARTICLE I
NAME

The name of the limited liability company shall be:

ALAFIA RIVER FAIR, LLC

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the company are:

Principal Office Address

11547 Corwin
Gibson, FL 33534

Mailing Address

P.O. Box 1061
Gibson, FL 33534

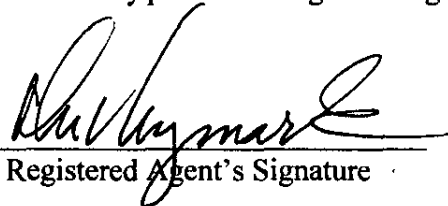
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TALLAHASSEE, FLORIDA

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ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:

The name and street address of the registered agent of the company in the state of Florida is DENNIS V. NYMARK, Attorney At Law, 110 So. Pebble Beach Blvd., Sun City Center, Florida 33573-5788. 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.


Registered Agent's Signature

ARTICLE IV
MANAGER OR MANAGING MEMBER

Title:

Name and Address:

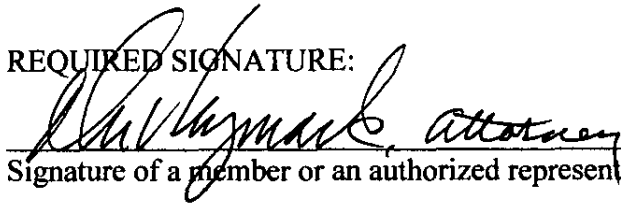
"MGR" = Manager

"MGRM" = Managing Member

MGRM

Harold Mudry
P.O. Box 1061
Gibsonton, FL 33534

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.)

Dennis V. Nymark, Attorney # 059239
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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