

L14000031435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

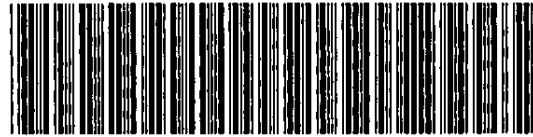
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 25 2014
A. LUNT

Office Use Only



900256987979

02/21/14--01014--003 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 21 PM 4:28

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Magnolia Properties 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:

Stacie Kimble

Name of Person

Firm/Company

PO Box 952

Address

Umatilla, FL 32784

City/State and Zip Code

skimble513@yahoo.com

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

For further information concerning this matter, please call:

Stacie Kimble

Name of Person

at (407) 721-1873

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

2014 FEB 21 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Magnolia Properties 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:

39549 Lake Yale Boat Ramp Rd
Umatilla, FL 32784

Mailing Address:

PO Box 952
Umatilla, FL 32784

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:

Stacie Kimble

Name

39549 Lake Yale Boat Ramp Rd

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

Umatilla

City

FL 32784

Zip

2014 FEB 21 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 605, F.S..

Stacie Kimble

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
Ruth Eckman
1907 Pecan
Tupelo MS 38801

MGR

Stacie Kimble
39549 Lake Yale Boat Ramp Rd
Umatilla, FL 32784

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb. 19, 2014 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 0 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

FILED
2014 FEB 21 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Stacie Kimble

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Stacie Kimble
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)