

L15000100710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

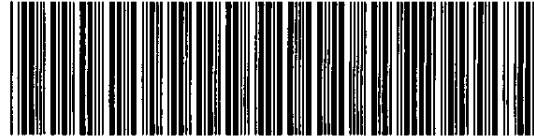
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 18 PM 5:09
CLERK OF STATE
ALABAMA

gt 6/23/15

LOCKWOOD INVESTMENTS, LLC
6867 Mountainbrook Drive
Suite 107
Columbus, Georgia 31904
(706) 243-8133

June 17, 2015

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

FILED
15 JUN 18 PM 5:09
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Re Lockwood Gulf Gate 212, LLC

Dear Sir/Madam:

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

Please return all correspondence concerning this matter to:

Cecil M. Cheves
Lockwood Investments, LLC
6867 Mountainbrook Drive, Suite 107,
Columbus, Georgia 31904
Email: cecilcheves@lockwoodpartne.net.

For further information concerning this matter, please call: Cecil M. Cheves at (706) 243-8133.

Enclosed is the fee for \$155.00 for the filing fee and certified copy (additional copy is enclosed).

Thank you.

Very truly yours,



Cecil M. Cheves

LOCKWOOD GULF GATE 212, LLC

ARTICLES OF ORGANIZATION

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the limited liability company is **LOCKWOOD GULF GATE 212, LLC** (the "Company").

ARTICLE II

Address

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

Principal Office Address:

6867 Mountainbrook Drive
Suite 107
Columbus, Georgia 31904

Mailing Address:

6867 Mountainbrook Drive
Suite 107
Columbus, Georgia 31904

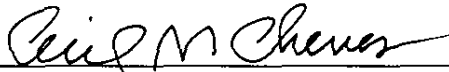
ARTICLE III

Registered Agent

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

Cecil M. Cheves
138 Tidal Bridge Way
Watersound, Florida 32413

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 performances 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.



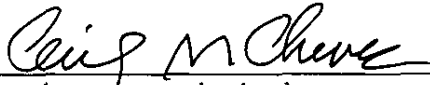
Registered Agent's Signature (REQUIRED)

ARTICLE IV
Management

The name and address of the person authorized to manage and control the Company is:

MGR Cecil M. Cheves
 6867 Mountainbrook Drive
 Suite 107
 Columbus, GA 31904

REQUIRED SIGNATURE:



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.)

Cecil M. Cheves
Typed name of signee:

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15 JUN 18 PM 5:09
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA