

12/29/2015 12:00 FAX 850 9402... LLC
12/29/2015 Division of Corporations
L150003055883211
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000305588 3)))



H150003055883ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ORNSTEIN-SCHULER CAPITAL PARTNERS, LLC
Account Number : I20150000079
Phone : (678)904-9956
Fax Number : (678)904-9402

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: scpatel@oscp.net

FILED
15 DEC 29 PM 1:50
TALLAHASSEE, FLORIDA

RECEIVED
15 DEC 29 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Yacht Creek LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

DEC 30 2015
S. GILBERT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yacht Creek LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Matthew S. Kaynard

Name of Person

Firm/Company

5337 N. Socrum Loop Rd., #304

Address

Lakeland, Florida 33809

City/State and Zip Code

mattk@oscp.net

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

For further information concerning this matter, please call:

Reshma Patel

678

904-9956

Name of Person

at (_____) _____

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Yacht Creek 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:Mailing Address:5337 N. Socrum Loop Rd., #304
Lakeland, Florida 338095337 N. Socrum Loop Rd., #304
Lakeland, Florida 33809

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:

NRAI Services, Inc.

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFlorida33324

City

State

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 605, F.S.,


 Registered Agent's Signature (REQUIRED)

Asst Sec to NRAI

(CONTINUED)

 FILED
 15 DEC 29 PM 4:50
 1500 N. GULF BLVD
 SUITE 100
 TAMPA, FLORIDA 33602

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:

GH Manager LLC

4355 Cobb Parkway, Suite J 555

Atlanta, Georgia 30339

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Matthew S. Kaynard

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)