

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 200 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-344-8002 • Fax (850) 224-1222

L02000025569

Getaway 1, LLC

500008093635--9

-09/30/02--01022--010

****250.00 ****125.00

FILED
02 SEP 30 PM 1:21
STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 SEP 30 AM 9:40

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

BK

Signature _____

Requested by: SK

Name _____

Date 9/27/02

Time 3:50

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GETAWAY I, LLC

ARTICLE II - Address:

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

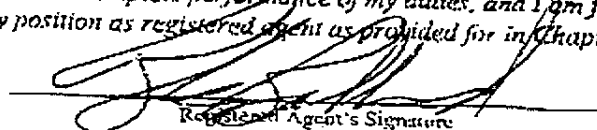
4048 OAK BANK COURT
ORCHARD LAKE, MI 48323

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

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

BRUCE BALLARD
Name
425 DOCKSIDE DR #504
Florida street address (P.O. Box NOT acceptable)
NAPLES FL 34110
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.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

BRUCE BALLARD

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
02 SEP 30 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA