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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 20 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLLIDAY, 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:

FLOYD C. HOLLIDAY
(Name of Person)

(Firm/Company)

4250 GALT OCEAN DRIVE, # 8E
(Address)

FT. LAUDERDALE, FLORIDA 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

FLOYD C. HOLLIDAY at (202) 255-0951
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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2003 NOV 17 AM 8:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOLLIDAY, LLC

ARTICLE II - Address:

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

Principal Office Address:

4250 GALT OCEAN DRIVE, # 8E

FT. LAUDERDALE, FLORIDA 33308

Mailing Address:

200 CROSS KEYS ROAD

UNIT 61

BALTIMORE, MARYLAND 21210

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

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

FLOYD C. HOLLIDAY

Name

4250 GALT OCEAN DRIVE, # 8E

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

FT. LAUDERDALE, FLORIDA 33308

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER

LISA K. HOLLIDAY

3734 BEVERLY RIDGE DRIVE

SHERMAN OAKS, CALIFORNIA 91423

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member of 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.)

FLOYD C. HOLLIDAY

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)