

L03000054767

(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:

| | |
|----------------|------------------------|
| Name | |
| Availability | |
| Document | |
| Examiner | DCC |
| Updater | Office Use Only DCC |
| Updater | |
| Verifier | DCC |
| Acknowledgment | DCC |
| W. P. Verifier | DCC |



100025383781

12/12/03--01065--015 **125.00

FILED
STATE
SECRETARY OF PATENTS
03 DEC 12 PM 4:35

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIM BAILEY HOMES 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:

KATHLEEN L. BROWN
(Name of Person)

(Firm/Company)

200 OREO DRIVE
(Address)

MOLINO, FL 32577
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN BROWN at (850) 587-2704
(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

03 DEC 12 PM 4:35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIM BAILEY HOMES LLC

ARTICLE II - Address:

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

Principal Office Address:

1015 BRANDERMILL DR.

CANTONMENT, FL 32533

Mailing Address:

1015 BRANDERMILL DR.

CANTONMENT, FL 32533

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

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

KATHLEEN L. BROWN

Name

200 OREO DR

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

MOLINO, FLORIDA 32577

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..

Kathleen L Brown

Registered Agent's Signature

FILED
SECRETARY OF STATE
03 DEC 12 PM 4:55

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:

MGRM

TIMOTHY M. BAILEY

1015 BRANDERMILL DR.

CANTONMENT, FL 32533

MGRM

INGRID P. BAILEY

1015 BRANDERMILL DR.

CANTONMENT, FL 32533

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Kathleen L. Brown

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.)

KATHLEEN L. BROWN

Typed or printed name of signee

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)

03 DEC 12 PM 4:36

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS