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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

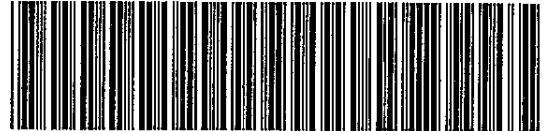
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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L04-3062  
al

LAW OFFICES OF  
DOW T. HUSKEY  
112 WEST ADAMS STREET  
DOTHAN, ALABAMA 36303

TELEPHONE (334) 794-3366  
TELECOPIER (334) 794-7292

REPLY TO:  
P. O. DRAWER 550  
DOTHAN, ALABAMA 36302

January 7, 2004

Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: Three Kings LLC

Dear Sir:

Please record the enclosed documentation for the formation of the above-referenced limited liability company. I have included my check in the amount of \$155.00.

Your help in this matter is very much appreciated.

Yours very truly,



Dow T. Huskey

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosures

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Three Kings 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:

Dow T. Huskey  
(Name of Person)

Attorney at Law  
(Firm/Company)

P. O. Drawer 550  
(Address)

Dothan, Alabama 36302  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dow T. Huskey at ( 334 ) 794-3366  
(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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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Three Kings LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1811 Weakfish Way

Panama City Beach, Florida 32408

**Mailing Address:**

1811 Weakfish Way

Panama City Beach, Florida 32408

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

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

Harry P. Fabick

Name

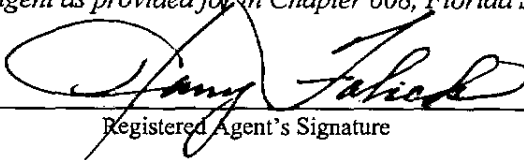
1811 Weakfish Way

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

Panama City Beach, FLORIDA 32408

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

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**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:**

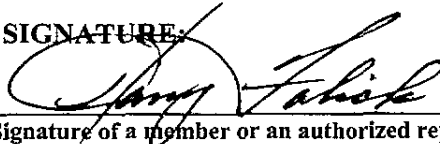
NONE

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

Harry P. Fabick

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)

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