

L040000014066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

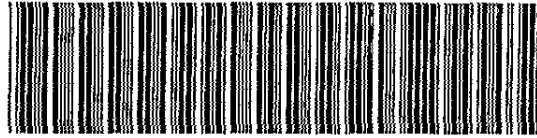
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600028540776

02/12/04--01004--004 **125.00

FILED
04 FEB 11 AM 9:26
TALLAHASSEE, FLORIDA

2/23
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURFSIDE 304, 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:

R. Bruce Warren

(Name of Person)

Whitehurst, Blackburn, Warren & Kelley

(Firm/Company)

809 S. Broad Street

(Address)

Thomasville, Georgia 31792

(City/State and Zip Code)

For further information concerning this matter, please call:

R. Bruce Warren

(Name of Person)

at (229)

226-2161

(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

FILED
04 FEB 11 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SURFSIDE 304, LLC

ARTICLE II - Address:

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

Principal Office Address:

1096 Scenic Gulf Drive

Surfside Resort, Unit 304

Destin, Florida

Mailing Address:

1096 Scenic Gulf Drive

Surfside Resort, Unit 304

Destin, Florida

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

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

R. Bruce Warren

Name

262 Hiamonee Drive

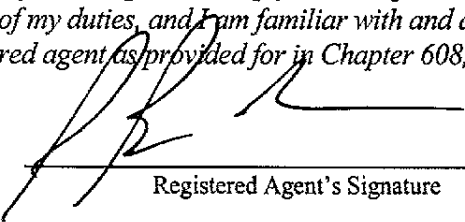
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FLORIDA 32314

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

FILED
04 FEB 11 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

04 FEB 11 AM 9:26

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

L. Jack Megahee

1096 Scenic Gulf Drive, Unit 304

Destin, Florida

(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.)

L. JACK MEGAHEE

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)