## 104000017554

(Requestor's Name)	
(Address)	<u></u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	<b>I</b> L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  73 FL LC	
CC	**

Office Use Only



500029159115

**FIJH** 

02/23/04--01050--017 \*\*155.00

04 FEB 23 PM 2: 35

## TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
409 E. Gaines Street
P.O. Box 6327

Tallahassee, FL 32399

SUBJECT: GETAWAY, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. MARK FISHER

(Name of Person)

LAW OFFICE OF J. MARK FISHER-ATTN: SANDY

(Firm/Company)

148 Miracle Strip Pkwy, SE, Suite 2

(Address)

Ft. Walton Beach, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

CATHY W. MILLER

(850) 547-0692

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	COMPANY	
ARTICLE I - Name: The name of the Limited Liability Com	pany is: GETAWAY, LLC	
ARTICLE II - Address: The mailing address and street address of the mailing address and street address of the mailing address and street address of the mailing	of the principal office of the Limited Liability Con	npany
Principal Office Address:	Mailing Address:	ee
3250 Douglas Ferry Road Bonifay, Fl 32425	3250 Douglas Ferry Road Bonifay,FL	<b></b>
ARTICLE III - Registered Agent, Re The name and the Florida street address Name: Cathy W. Miller	gistered Office, & Registered Agent's Signature of the registered agent are:	e: 
111 2250 1 7 7 1		e e e
Bonifay, FL 32425		
(P.O. Box NOT acceptable)		
	tered agent and to accept service of process for th any at the place designated in this certificate, I he	

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

(CONTINUED)

FILED
04 FEB 23 PH 2: 35

Page 1 of 2

The name and address of each Mana	ger or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Cathy W. Miller	
	3250 Douglas Ferry Road	
	Bonifay, FL 32425	-,-
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:	<del></del>	
Signature of a member or an auth	orized representative of a member.	
(In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of		-
	V. MILLER d name of signee	en e
STATE OF FLORIDA COUNTY OF BAY		
identification and who did not take an oath.	before me thisFEB 1 6 2004 by n to me or who has produced KRISHER, NOVARY PUBLIC	as
	ng Fees:	