## L04000031211

(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



700032605397

ne/is/04--01035--004 \*\*257.50

04 NER 15 PH 12: 32

house

## TRANSMITTAL LETTER

TO: Registration Se Division of Co		
SUBJECT:	Lake Arthur Estates Development Company,	LLC
	(Name of Limited Liability Company)	
The enclosed Articles of	f Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to	to the following:
	William A. Bailey	
	(Name of Person)	
	Lake Arthur Estates Development Comp	any, LLC
	(Firm/Company)	Of Not The
	6488 Highway 85, North	P P P P P P P P P P P P P P P P P P P
	(Address)	5 Congress
	Crestview, FL 32536	<b>*</b> 9.5 72 25
	(City/State and Zip Code)	PH 12: 32
For further information	concerning this matter, please call:	
William A. Bailey	at ( 850 ) 683-	-1230
(Nam	e of Person) (Area Code & Daytim	ne 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

ake Arthur Estates Development C	ty Company is:	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
488 Highway 85, North	6488 Highway 85, North	
Crestview, FL 32536	Crestview, FL 32536	
	ent, Registered Office, & Registered Agent's Signatur address of the registered agent are:	
he name and the Florida street		9
he name and the Florida street	William A. Bailey	GL TA
he name and the Florida street	William A. Bailey Name	Of NPX 1
The name and the Florida street		04 NP & 10
	Name	OL NPR 13
	Name 6488 Highway 85, North	•

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..

William A. Bailey
Registered Agent's Signature

Page 1 of 2 (CONTINUED)



## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** William A. Bailey 6488 Highway 85, North Crestview, FL 32536 MGR Betty W. Bailey 6488 Highway 85, North Crestview, FL 32536 (Use attachment if necessary) ARTICLE I - EFFECTIVE DATE The offective date of this Company is: April NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:**

Signature of a member or an authorized resentative 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.)

William A. Bailey

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

✓S 25.00 Designation of Registered Agent

✓\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

