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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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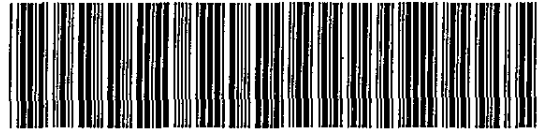
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 14 AM 11:26

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
409 E. Gaines Street
P.O. Box 6327
Tallahassee, FL 32399

SUBJECT: ADKISON FAMILY #1, 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

(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:

Wanda Jean Howard at **(850) 862-8941**

(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **ADKISON FAMILY #1, LLC**

ARTICLE II - Address:

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

Principal Office Address:

1344 Beal Extension
Ft. Walton Beach, FL 32547

Mailing Address:

1344 Beal Extension
Ft. Walton Beach, FL 32547

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

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

Name: Wanda Jean Howard
Address: 1344 Beal Extension
Ft. Walton Beach, FL 32547
(P.O. Box **NOT** acceptable)

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..

Wanda Jean Howard
Registered Agent's Signature

(CONTINUED)

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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:

MGR

Hubert D. Adkison, Sr.
12984 Hwy 90
DeFuniak Springs, FL 32433

MGRM

Wanda Jean Howard
1344 Beal Extension
Ft. Walton Beach, FL 32547

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

REQUIRED SIGNATURE:

Wanda Jean Howard
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.)

WANDA JEAN HOWARD

Typed or printed name of signee

**STATE OF FLORIDA
COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me this JUN 07 2004 by **WANDA JEAN HOWARD** who is personally known to me or who has produced identification and who did not take an oath.

J. MARK FISHER, NOTARY PUBLIC

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)



J Mark Fisher
My Commission DD158800
Expires November 20, 2006

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as
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