

L04000047038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

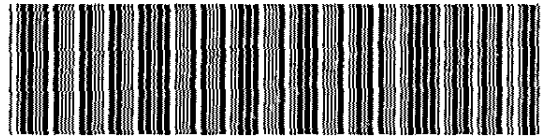
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DIVISION OF CORPORATION

UP
6-23-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLIDAY RESORTS OF HIDDEN SPRINGS, 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:

Don Nicholson
(Name of Person)

HOLIDAY RESORTS OF HIDDEN SPRINGS, LLC
(Firm/Company)

325 SUGAR MILL LANE
(Address)

OCHLOCKNEE, GEORGIA 31773
(City/State and Zip Code)

For further information concerning this matter, please call:

Don Nicholson at (229) 227-1451
(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:

HOLIDAY RESORTS OF HIDDEN SPRINGS, LLC

ARTICLE II - Address:

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

Principal Office Address:

459 SOLOMON DAIRY ROAD

QUINCY, FLORIDA 32351

Mailing Address:

325 SUGAR MILL LANE

OCHLOCKNEE, GEORGIA 31773

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

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

Don Nicholson

Name

459 Solomon Dairy Road

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

QUINCY, FLORIDA 32351MGRM

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..

Don Nicholson

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:

MGRM

James M Groover

325 Sugar Mill Lane

Ochlocknee, Georgia 31773

Member

Ann Morgan

114 Apalachee Street

Carabelle, Florida 32322

Member

David Cutts

371 Temple Terrace Circle

Cairo, Georgia 39828

Member

Don Nicholson

3983 Hwy 319 N

Norman Park, Georgia 31771

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James M Groover MGRM
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.)

James M Groover

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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