

LD4 000055871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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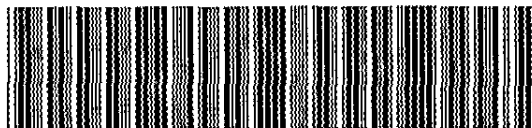
(Business Entity Name)

(Document Number)

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JUL 26 2004  
TOLSON/SEC 60101

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LD4-55871  
JR

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L-D PARTNERS - BAHAMAS, 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:

Aristide F. LeFevre, Jr.  
(Name of Person)

Attorney at Law  
(Firm/Company)

7407 Road 538  
(Address)

Biloxi, MS 39532  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark C. Boutwell at ( 504 ) 416-7072  
(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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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

L-D PARTNERS - BAHAMAS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

L-D Partners - Bahamas, LLC

15255 Poole Street, Suite A

Gulfport, MS 39503

**Mailing Address:**

L-D Partners - Bahamas, LLC

15255 Poole Street, Suite A

Gulfport, MS 39503

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

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

Steven P. Drown

Name

265 Canal Street

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

Santa Rosa Beach, FLORIDA 32459

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

SECRET  
OFFICE OF THE  
TREASURER  
TALLAHASSEE, FLORIDA

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The name and address of each Manager or Managing Member is as follows:

**Name and Address:**

"MGRM" = Managing Member

Mark C. Boutwell

254 Spinnaker

Slidell, LA 70458

(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.)

Mark C. Boutwell

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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STATE OF FLORIDA  
TALLAHASSEE

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