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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: VILLAGE CENTER ASSO	CLATES, LLL			
(Name of Limited Liab	ility Company)			
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.			
Please return all correspondence cor	ncerning this matter to the following:			
W. DONALD RUTC	AND			
(Name o	f Person)	_		
VILLAGE CENTER ASSOC	CIATES, LLC			
(Firm/C	ompany)			
10065 EMEANIS CONST PKWG	1, W. SUITE C-201			
(Add	lress)			
DESTIN, 72 32550 (City/State a				
(City/State a	nd Zip Code)	~		
For further information concerning this matter, please call:				
(Name of Person) at (	850 654-0922			
(Name of Person)	(Area Code & Daytime Telephone Number)			
		F	0	
		ALLAHASSEE, FLORIO	04 AUG 18	
		<u> </u>	90	1 H
		SE	S	** 1842
STREET ADDRESS:	MAILING ADDRESS:	<del>. د.</del> س	9 PM 1:33	
Registration Section Division of Corporations	Registration Section Division of Corporations			ز
409 E. Gaines Street	P.O. Box 6327	<u> </u>	ယ	-
Tallahassee, Florida 32399	Tallahassee, Florida 32314	7		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
VILLAGE CENTER ASSOCIA	1E3,LLC
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10065 EMEATED COAST AKWY, W.	STME
SUITE C-201	
DOSTIN, 72 32550	
W. DONAGO RUTLA Name	
10065 EMERALD GAS	TPKWY, W. SUITE C-201
Florida street address (P.O.	Box NOT acceptable)
DESTIN	FLORIDA 32550 F. P
City, State, ar	nd Zip
ng been named as registered agent and to accept serv	
pany at the place designated in this certificate, I hereb	
to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar	with and accept the obligations of my position as
registered agent as provided for in Ch	
746	23 S
Marel Ki	-t-0 ()
	Mark.

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	WKM PROPERTIES LLC 2714 WEST COUNTY ROAD 30-A STUTA ROSA TREACH, TH 32459			
MGRM	RUTLAND RESORT PROPERTIES 10065 ENEMINGORY PRULY, W. C. DESTIN, TH. 32550	, LLC -201		
(Use attachment if necessary)	ALC MASSI	04 AUG 18	20 E	
NOTE: An additional article must be a REQUIRED SIGNATURE:  Signature of a member or an au	ش <sup>(ن</sup> سُن	PH 1:33	19 1750 19 19 19 19 19 19 19 19 19 19 19 19 19 1	
(In accordance with section 608.4 of this document constitutes an at that the facts stated herein are true	108(3), Florida Statutes, the execution firmation under the penalties of perjury			

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)

W. DONNIS RUTLAND

Typed or printed name of signee