

W4000061898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

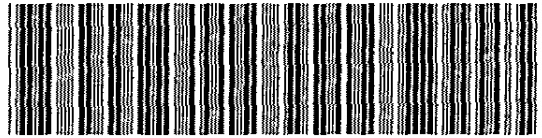
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300039637063

08/10/04--01100--002 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 19 PM 2:45

FILED

W4000061898
A



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 12, 2004

LEA GIVEN

2785 HIGHWAY 19 S
PERRY, FL 32347

SUBJECT: TOWN AND COUNTRY CAMPER LODGE LIMITED LIABILITY
COMPANY
Ref. Number: W04000030839

We have received your document for TOWN AND COUNTRY CAMPER LODGE LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 404A00049977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 19 PM 2:45

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Town + Country CAMPER LODGE LIMITED LIABILITY C.
(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:

HEA C GIVON
(Name of Person)

TOWN + COUNTRY CAMPER LODGE
(Firm/Company)

2785 HIGHWAY 195
(Address)

PERRY, FLA 32347
(City/State and Zip Code)

For further information concerning this matter, please call:

HEA C GIVON at (406) 862 3925
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 19 PM 2:45

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOWN AND COUNTRY CAMPER LODGE LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

Principal Office Address:

2785 HIGHWAY 19 S.

PERRY, FLORIDA 32347

Mailing Address:

2785 HIGHWAY 19 S.

PERRY, FLORIDA 32347

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

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

LEA C GIVEN
Name

2785 HIGHWAY 19 S.
Florida street address (P.O. Box **NOT** acceptable)

PERRY, FLORIDA 32347
City, State, and Zip

04 AUG 19 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Lea C Given
Registered Agent's Signature

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:

<u>MGR</u>	<u>NANCY BARNHART</u>
	<u>200 W. ASH</u>
	<u>PERRY, FLORIDA 32347</u>

(Use attachment if necessary)

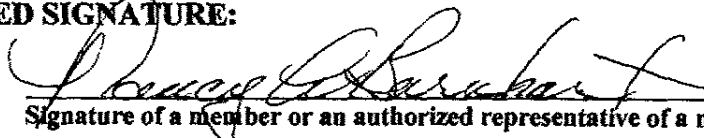
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 19 PM 2:45

FILED

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.)

NANCY A BARNHART
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)