

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(850) 222-1092

Fax Number

(850) 222-9428

LIMITED LIABILITY COMPANY

The Holliday Companies, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Stackenia Filing Menu

Comorain filing

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

The Holliday Companies, LLC			
ARTICLE II – Address: The mailing address and street address of t	he principal office of the Limited Liability Comp	any is	s:
Principal Office Address: 106 Admirsis Lane	Mailing Address: 106 Admirals Lane		
Kay West, Florida 33040	Key West, Florids 33040		
		01 dhs 70	
	ered Office, & Registered Agent's Signature: the registered agent are:	0 AM 9:	
The name and the Florida street address of t		3	
The name and the Florida street address of t	the registered agent are:	AM 9: 3	
The name and the Florida street address of t CT Cor No. 1200 South	the registered agent are:	AM 9: 3	

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.

CT Corporation System

Registered Agent's Signature
Allan Farnell, Vice President

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er .
MGR	Henry L. Holliday III
	106 Admirals Lanc
	Key West, Florida 33040
	
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
required signature;	
_ Alak	
Signsture of a member	r or an authorized representative of a member.
(In accordance with sec of this document consti- that the facts stated her	ction 603.403(3), Plorida Statutes, the execution tutes an affirmation under the penalties of perjury sin are true.)
Steven R. Wilson	
Tyr	sed or printed name of signee

04 SEP 10 AM 9: 39

Filing Fees:
\$108.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Cartified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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