

L04000080406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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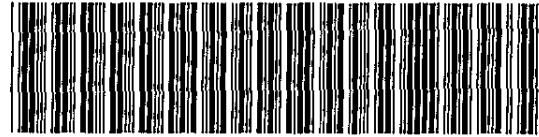
(Business Entity Name)

(Document Number)

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04 NOV -5 PM 12:31
DIVISION OF STATE
TALLAHASSEE, FLORIDA
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DIVISION OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN NOV - 5 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Magnolia, 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:

JAMES A. McLEOD
(Name of Person)

(Firm/Company)

2662 Noble Drive
(Address)

Tallahassee, FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES A. McLEOD at (850) 410-4678
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED
06 JUN -5 PM 12:33
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Magnolia, LLC

ARTICLE II - Address:

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

Principal Office Address:

Southern Magnolia, LLC
1550-1 Village Square Blvd.
Tallahassee, FL 32308

Mailing Address:

SAME

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

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

JAMES A. McLeod

Name

2662 Noble Drive

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

Tallahassee, FL 32308

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, F.S..

J.A. McLeod

Registered Agent's Signature

(CONTINUED)

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 A. McLEOD
2662 Noble Drive
Tallahassee, FL 32308

MGRM

ANN T. McLEOD
2662 Noble Drive
Tallahassee, FL 32308

MGRM

John Joiner
6370 Pickney Hill Road
Tallahassee, FL 32312

MGRM

KAREN JOINER
6370 Pickney Hill Road
Tallahassee, FL 32312

MGRM
(Use attachment if necessary)

Beth McGeath
1550-1 Village Square Blvd.
Tallahassee, FL 32308

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.)

JAMES A. McLEOD

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)