

L 04000088856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

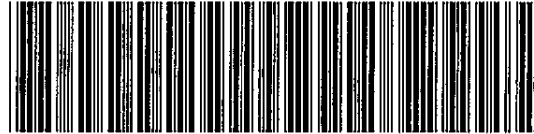
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



300042817853

12/09/04--01005--004 **155.00

RECEIVED
DIVISION OF CORPORATION

04 DEC -9 AM 9:29

FILED
04 DEC -9 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SMITH, THOMPSON, SHAW & MANAUSA
ANN HILL

Requester's Name

3520 Thomasville Road, 4th Floor

Address

Tallahassee, FL 32309

850-893-4105

City/State/Zip

Phone #

Office Use Only

FILED
04 DEC -9 AM 11:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Jackson Bluff Condominiums, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jackson Bluff Condominiums, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2830 Remington Green Circle, Suite E
Tallahassee, Fl. 32308

Mailing Address:

2830 Remington Green Circle, Suite E
Tallahassee, Fl. 32308

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

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

W. Crit Smith

Name


3520 Thomasville Road Fourth Floor

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

Tallahassee, FL 32309

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..



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

Casey Meeks

1978 R.L. Wilson Lane

Tallahassee, Fl. 32309

MGRM

Chris W Cain

1537 Spruce Ave

Tallahassee, FL. 32303

MGRM

Chad Henderson

421 Wilson Ave

Tallahassee, Fl. 32303

MGRM

BRIAN B. BARNARD

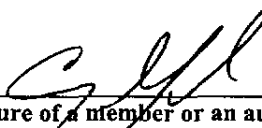
3459 Hyde Park Way

Tallahassee, FL. 32309

(Use attachment if necessary)

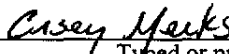
NOTE: An additional article must be added if an effective date is requested.

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.)



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)