

L04000089118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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12-10-09 11:00 AM **123.00

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04 DEC -9 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 DEC -9 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORP LEGT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-11

FILING COVER SHEET
ACCOUNT FCA-14

FILED
04 DEC -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH
DATE: 12/9/04
REF. 0500.32675
CORPORATE NAME: BLUE CHIP DEVELOPMENT OF BAY COUNTY, LLC

- () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
- () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME
- () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY
- () RESTATEMENT () MERGER () WITHDRAWAL
- () CERTIFICATE OF CANCELLATION
- () OTHER :

STATE FEES PREPAID WITH CHECK# 510596 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY
- () CERTIFICATE OF STATUS

Examiner's Initials

FILED
04 DEC -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Chip Development of Bay County, LLC

ARTICLE II - Address:

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

Principal Office Address:

2309 Laurie Avenue, # 22 Office
Panama City Beach, FL 32407

Mailing Address:

P. O. Box 18438
Panama City Beach, FL 32417

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

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

Troy Campbell

Name

2309 Laurie Avenue, # 22 Office

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

Panama City Beach, FL 32407

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

Troy Campbell

2309 Laurie Avenue, # 22 Office

Panama City Beach, FL. 32407

MGRM

Jeff Phillips

2309 Laurie Avenue, # 22 Office

Panama City Beach, FL. 32407

(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.)

Troy Campbell, MGRM

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)