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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· .
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Office Use Only

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: SOUTHERN HOME BUYERS, 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:

ROBERT D. CLARK

(Name of Person)

SOUTHERN HOME BUYERS, LLC

(Firm/Company)

1749 MCLEOD ROAD

(Address)

DEFUNIAK SPRINGS, FL 32435

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT D. CLARK

(Name of Person)

850 685-0653

(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

at (



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SOUTHERN HOME BUYERS, LLC

ARTICLE II - Address:

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

Principal Office Address:	میں میں اور میں میں میں میں اور میں میں میں میں میں میں میں می	<u>Mailing Address:</u>		·
1749 MCLEOD ROAD		1749 MCLEOD ROAD		
DEFUNIAK SPRINGS, FL 32435	· · · · · ·	DEFUNIAK SPRINGS, FL 32	2435	

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

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

ROBERT D. CLARK				
Name				
1749 MCLEOD ROAD				
Florida street address (P.O. Box NOT acceptable)				
DEFUNIAK SPRINGS _{FL} 32435				
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)



Page 1 of 2

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 Member		_
MGRM	ROBERT D. CLARK	
,,,,,, _	1749 MCLEOD ROAD	- *
	DEFUNIAK SPRINGS, FL 32435	······································
		-# · · · · · · · · · · · · · · · · · · ·
MGRM	HOWARD E. CLARK	
······································	1768 MCLEOD ROAD	······
	DEFUNIAK SPRINGS, FL 32435	· · · · · · · · · · · · · · · · · · ·
MGRM	GEORGE W. LEE	
	390 HWY 273	
	CHIPLEY, FL 32428	
MGRM	BEVERLY J. HOLLINGSWORTH	
	POB 2753	
	HIGH SPRINGS, FL	— <u>—</u> ,
		· · · · · · · · · · · · · · · · · · ·

(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 a that the facts stated herein are true.)

ROBERT D. CLARK

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) 2005 JAN 21

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