

L 05 0000009781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

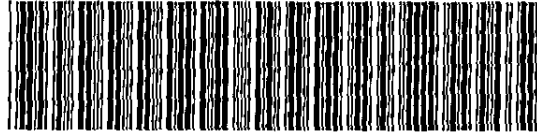
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AK

Office Use Only



800045347418

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2005 JAN 31 AM 10:12
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2005 JAN 31 PM 2:26
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 172277 81034A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
05 JAN 31 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 28, 2005

ORDER TIME : 2:42 PM

ORDER NO. : 172277-010

CUSTOMER NO: 81034A

CUSTOMER: Michael W. Mead, Esq
Michael Wm. Mead, Esq

P. O. Drawer 1329

Fort Walton Bea, FL 32549-1329

DOMESTIC FILING

NAME: JUNES' DUNES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

FILED
05 JAN 31 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
JUNES' DUNES, LLC

ARTICLE I ~ Name

The name of the Limited Liability Company shall be **JUNES' DUNES, LLC**.

ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 530 Benning Drive, Destin, (Okaloosa County) Florida 32541, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

The mailing address for the Limited Liability Company shall be the same.

ARTICLE III ~ Registered Agent, Registered Office
& Registered Agent's Signature

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

Dean C. White
530 Benning Drive
Destin, Florida 32541

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.




Dean C. White
Registered Agent's Signature

MICHAEL Wm MEAD
ATTORNEY AT LAW
24 WALTER MARTIN ROAD
P. O. DRAWER 1328
FORT WALTON BEACH,
FLORIDA 32549 1929


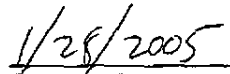
ARTICLE IV - Management

- ☒ This Limited Liability Company is a member-managed company.
☐ This Limited Liability Company is a manager-managed company.



Dean C. White
Signature of member

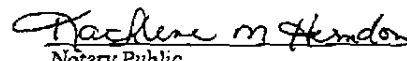
In accordance with §608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dean C. White Date signed

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 28th day of January, 2005, by Dean C. White, who is personally known to me.



Notary Public
My Commission Expires:

KATHLENE M. HERNDON
Notary Public, State of Florida
My comm. exp. Nov. 9, 2007
Comm. No. DD 265722