

L05000010887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

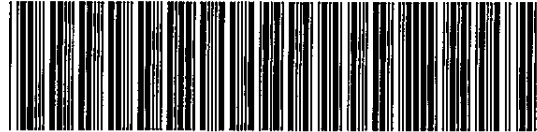
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten Signature]*

Office Use Only



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(02/05/05) (01/05/05) (02/05/05) (02/05/05)

FILED  
05 FEB -2 PM 4:07  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED  
05 FEB -2 PM 1:52  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

PICK UP

*2/2/05 Aludc.*

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*LLC*

FILED  
FEB-2 PM 4:07  
TALLAHASSEE, FLORIDA

1.) *JAN MARSAN, LLC*  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
05 FEB 22 PM 4:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

San Marsan, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**3880 Highway 30A #104Santa Rosa Beach, FL 32459**Mailing Address:**3880 Highway 30A #104Santa Rosa Beach, FL 32459**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

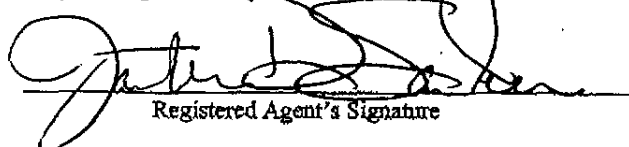
Jenathon D. Sanders

Name

259 May DriveFlorida street address (P.O. Box **NOT** acceptable)Santa Rosa Beach32459FLORIDA

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, Florida Statutes.*

  
Registered Agent's Signature

**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

Jonathon D. Sanders

259 May Drive

Santa Rosa Beach, FL 32459

MGRM

Robert L. Sanders

10 Trae Lane

Santa Rosa Beach, FL 32459

MGRM

Mark L. Marlow

3880 Highway 30A #104

Santa Rosa Beach, FL 32459

(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.)

JONATHON D. SANDERS

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)