

L05000015029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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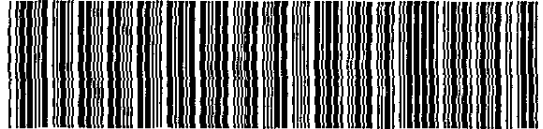
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tallahassee Beach Investors 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:

Patricia Wingo
(Name of Person)

Tallahassee Beach Investors LLC
(Firm/Company)

78 Castnet Lane
(Address)

Santa Rosa Beach, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Wingo at (850) 893 4820
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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:

MGR

Tom Curston
926 Hill Road
Tallahassee FL 32312

MGRM

Patricia S. Wingo
1359 Constitution P.O.
Tallahassee, FL 32308

MGRM

Michael L. Lusk
78 Chestnut Lane
Santa Rosa Beach, FL 32312

MGRM

Wade Durham
155 Avalon Way
Thomasville GA 31792

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Patricia S. Wingo
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.)

Patricia S. Wingo
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB 14 PM 2:22

FILED

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)