

LOS000051518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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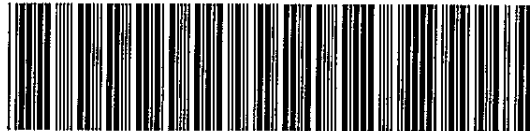
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**To:** Registration Section  
Division of Corporations

**Subject:** Bay Magnolia 115, 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:

Stephen Dixon  
(Name of Person)

Bay Magnolia 115, LLC  
(Firm/Company)

PO Box 6697  
(Address)

Miramar Beach, FL 32550  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Stephen Dixon at 850-650-7539  
(Name of Person) (Area Code & Daytime Phone 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

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Bay Magnolia 115, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

12273 Highway 98 W  
Miramar Beach, FL 32550

**Mailing Address:**

PO Box 6697  
Miramar Beach, FL 32550

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

Stephen Dixon  
Name

12273 Highway 98 W  
Florida street address (P.O. Box **NOT** acceptable)

Miramar Beach, FL 32550  
City, State, and Zip

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*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

(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

Stephen Dixon

PO Box 6697

Miramar Beach, FL 32550

MGMR

Jon L. Kazek

PO Box 6697

Miramar Beach, FL 32550

MGMR

Carla Dixon

PO Box 6697

Miramar Beach, FL 32550

MGMR

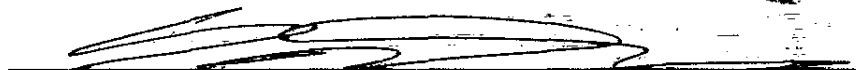
Anne L. Hurre-Kazek

PO Box 6697

Miramar Beach, FL 32550

**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.)

Stephen Dixon

Typed or printed name of signer

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