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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PATRICK DEVELOPMENT GROUP - SEAGROVE, L.L.C.  
(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:

A. F. LEFEVE, JR.  
(Name of Person)

ATTONREY AT LAW  
(Firm/Company)

7407 ROAD 538  
(Address)

BILOXI, MS 39532  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN P. DROWN at ( 228 ) 863-4660  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
MAY 25 1994

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

PATRICK DEVELOPMENT GROUP - SEAGROVE, L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

179 PELICAN CIRCLE  
PANAMA CITY BEACH, FL 32413

#### Mailing Address:

179 PELICAN CIRCLE  
PANAMA CITY BEACH, FL 32413

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

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

STEVEN P. DROWN

Name

179 PELICAN CIRCLE

Florida street address (P.O. Box NOT acceptable)

PANAMA CITY BEACH, FL 32413

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(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

STEVEN P. DROWN

179 PELICAN CIRCLE

PANAMA CITY BEACH, FL 32413

\_\_\_\_\_

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\_\_\_\_\_

(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.)

STEVEN P. DROWN

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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