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TRANSMITTAL LETTER

TO: Registration Ser Division of Cor			
SUBJECT:ha	Ke TalquiN (Name of Limited	Realty LLC I Liability Company)	·
	Organization and fee(s) are su		
Please return all correspo	ondence concerning this matter	to the following:	
	PAULA C- P	HILL (PS	
Lake Ta	lauin Realty	LLC Firm/Company)	TAILLY OF JI
1900	3 COLLINS LAN	(Address)	OS JUN-9 PM 2: 40 SELVENASSEE FLORID
<u>_T</u>	+LLA HASSEE City/	State and Zip Code)	PH 2: 40 SEE, FLORIDA
For further information c	oncerning this matter, please o	rall:	
PAULA PHIL	of Person)	at (- 2810 lephone Number)
Enclosed is a check for	r 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		MAILING ADDRESS: Registration Section	

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:		
Lake Talquin X	easty LLC	· • · · · · · · · · · · · · · · · · · ·	
ARTICLE II - Address:	(
The mailing address and street address of the	principal office of the Lir	mited Liability Co	mpany is:
Principal Office Address:	Mailing Address:		
1909 Collins Landing Rd	_SAme_		- , :
Tallahassee, Fl 32310		- F. C	_ · · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Register	ed Office, & Registered	Agent's Signatu	re:
The name and the Florida street address of th	e registered agent are:	SSE	9

Name

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

TALA FL 32310 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,

(CONTINUED)

Page 1 of 2

Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member NELM (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.) Typed or printed name of signee

The name and address of each Manager or Managing Member is as follows:

Filing Fees:

١,

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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