

105000060876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

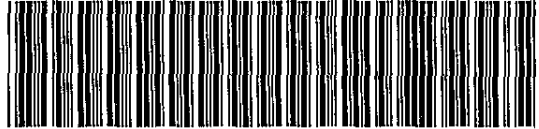
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/13/05--01012--014 **160.00

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JUN 13 PM 1:55
STATE OF ST. MARY
CLERK OF SUPERIOR COURT

105-60876
JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 822 S. County 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:

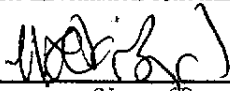
Wade R. Byrd, Esquire
(Name of Person)

Wade R. Byrd, P.A.
(Firm/Company)

350 Royal Palm Way, Suite 409
(Address)

Palm Beach, Florida 33480
(City/State and Zip Code)

For further information concerning this matter, please call:

 at 561 832-6929
(Name of Person) (Area Code & Daytime Telephone Number)
Wade R. Byrd

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 13 PM 1:51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

822 S. County LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1107 North Olive Avenue
West Palm Beach, Florida 33401

Same

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

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

Wade R. Byrd

Name

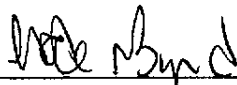
350 Royal PalmWay, Suite 409

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

Palm Beach, FL 33480

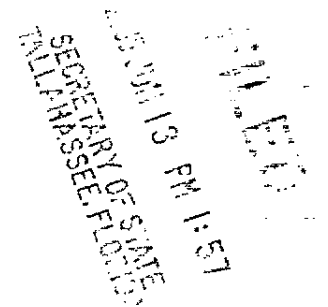
City, State, and Zip

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
Wade R. Byrd

(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:

MGR

William D. Elias

1107 North Olive Avenue

West Palm Beach, Florida 33401

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

822 S. County LLC

By: Wade R. Byrd
Signature of a member or an authorized representative of a member.

Authorized Signature

(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.)

Wade R. Byrd

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)

FILED
JUN 13 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA