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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID.

4

TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: Carleton-	Anderson Investments, LLC (Name of Limite) d Liebility Co	mnanv)	
	(Paine of Links	a Diadinty Co	mpany)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for f	iling.	
Please return all corresp	ondence concerning this matte	er to the follow	ving:	
Daniel C	. Carleton			
	(Name of Person	1)	
Carleton-Anderson I		Firm/Company	<u> </u>	
	`	T HIB Company	,	
	•			
PO Box 493	3	N. 41 14 17 17 17 17 17 17 17 17 17 17 17 17 17 17 17 17		
		(Address)		
Gulf E	3reeze, FL 32562-0493			75 G
tut, 11m		/State and Zip C	Code)	
				AF =
For further information	concerning this matter, please	call:		SEE OF PRINT
				FST FLO
Daniel C. Carleton		at (850	982-2117	24 O
(Name	of Person)	(Area	Code & Daytime Te	elephone Numb er)
Enclosed is a check for	or the following amount:			
2 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	O Filing Fee & Copy opy is enclosed)	S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	me: Limited Liability Company is:		
Carleton-Anderson	Investments, LLC		
ARTICLE II - A The mailing addre		incipal office of the Limited L	iability Company is:
Principal Office Address:		Mailing Address:	
3264 Cypress Lane		PO Box 493	
Gulf Breeze, FL 32	583-3220	Gulf Breeze, FL 32562-0493	
	Registered Agent, Registered Florida street address of the re	Office, & Registered Agent's egistered agent are:	4
	Daniel C. Carleton		05 JUL 11 PM 2: 01 SECKLIMIT JF STATE VALLAHASSEE, FLORIDA
	Name		
6	3264 Cypross Line	·	
		ress (P.O. Box NOT acceptable)	PH 2:
	Gulf Breeze, FL 32567-7220	······································	2: 01 2: 01
	City, State, at	nd Zip	P
liability compo	my at the place designated in th	ccept service of process for the is certificate, I hereby accept th I further agree to comply with	he appointment as

Registered Agent's Signature

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..

(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	Daniel C. Carleton			
	PO Box 493 Gulf Breeze, FL 32562-0493			
	Gui Dieeze, FL 32302-0453			
MGRM	Clifford Anderson			
	1553 Via de Luna			
	Pensacola Beach, FL 32562			
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE: Signature of a member or	au authorized representative of a member 3			
(In accordance with section	608.408(3), Florida Statutes, the execution =			
Daniel C. Carleton				
Typed o	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)