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2005 JUL 25 P 2:41

SECRETARY OF STATE
FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

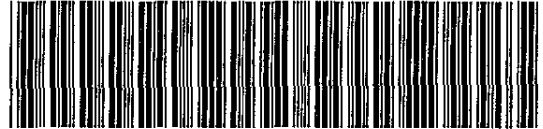
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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT: Martin Management Company, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Newkirk

(Name of Person)

Husch & Eppenberger, LLC

(Firm/Company)

1200 Main Street, Suite 1700

(Address)

Kansas City, Missouri 64105

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Newkirk

(Name of Person)

at (816) 421-4800

(Area Code & Daytime Telephone Number)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Martin Management Company, LLC

ARTICLE II - Address:

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

Principal Office Address:

One Beach Club Drive
San Destin Resort #1403
Miramar Beach, FL 32550

Mailing Address:

One Beach Club Drive
San Destin Resort #1403
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:

Thomas B. Martin

Name

One Beach Club Drive, San Destin Resort #1403

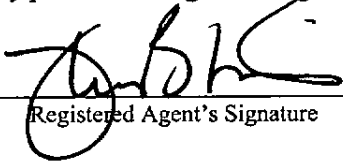
Florida street address (P.O. Box **NOT** acceptable)

Miramar Beach, FL 32550

FL

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas B. Martin, Trustee of the Thomas B. Martin Trust dated January 18, 1995, as amended and restated. Address:

One Beach Club Drive
San Destin Resort #1403
Miramar Beach, FL 32550

MGRM

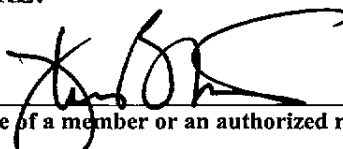
Katherine B. Martin, Trustee of the Katherine B. Martin Trust dated January 18, 1995, as amended and restated. Address:

One Beach Club Drive, San Destin Resort #1403
Miramar Beach, FL 32550

(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.)

THOMAS B MARTIN
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)