## LOS 800 110396

(Re	questor's Name)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
<sub>SUBJECT:</sub> Hickory Lake LLC		
	ited Liability Company)	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this mat	atter to the following:	
Robert D. White		
	(Name of Person)	
Hickory Lake LLC		
	(Firm/Company)	
1016 Collier Center Way Su	uite 100	
	(Address)	
Naples, FL 34110		
	ity/State and Zip Code)	
For further information concerning this matter, please	se call:  at (239 ) 597-0128	
Robert D. White	at ( 239 ) 597-0128	1
(Name of Person)	(Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & Certificate of Status		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hickory Lake LLC  (Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLG	C," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
1016 Collier Center Way Suite 100 Naples, FL 34110	Same	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Robert D. White	egistered Agent. You must designate an indi	's Signature: ividual or another  SECONOMICS AND SE
	Name 1016 Collier Center Way Suite 100	
	address (P.O. Box NOT acceptable)	्राष्ट्रीय स्थापन कर्मा विश्व कर्मा वि विश्व कर्मा विश्व कर्मा वि
Naples, City, Stat	FL 34110 te, and Zip	$\overline{\omega}$
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept a wity. I further agree to comply with performance of my duties, and I d	the appointment as th the provisions of all am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)



## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member President Ronald Tiller 940 Phipps Bend Road Surgoinsville, TN 37873 Director R. Laken Mitchell 1016 Collier Center Way Suite 100 Naples, FL 34110 Director Robert D. White 1016 Collier Center Way Suite 100 Naples, FL 34110 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

Filing Fees:

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

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

\$ 5.00 Certificate of Status (Optional)

Ronald Tiller

Typed or printed name of signee