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BARRON AND READING LAW FI 850-785-2995

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Division of Corporations

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SHARKS TOOTH OWNER, LLC

Certificate of Status	1
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Fax Audit No. H05 000273912_3

**ARTICLES OF ORGANIZATION
OF
SHARKS TOOTH OWNER, LLC**

Pursuant to the provisions of Chapter 608, Florida Statutes, 2005, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is Sharks Tooth Owner, LLC.

ARTICLE II - DURATION

The Company shall exist perpetually.

ARTICLE III - MAILING ADDRESS AND STREET ADDRESS

The mailing address and the street address of the principal office of the Company is 21724 Highway 98, Panama City Beach, Florida 32413.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent of the Company and of the Registered Office of the Company are Brian D. Leebrick, Esq., 220 McKenzie Avenue, Panama City, FL 32401.

THIS INSTRUMENT PREPARED BY:
Brian D. Leebrick, Esq.
Fla. Bar No. 0172634
Barron, Redding, Hughes, Fite,
Fensom, Sanborn & Kichn, P.A.
220 McKenzie Avenue
P.O. Box 2467
Panama City, FL 32402
(850) 785-7454

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Fax Audit No. 1105 000273912 3**ARTICLE V - CONTINUATION OF BUSINESS**

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which would otherwise terminate the continued membership of a Member in the Company, the remaining Members of the Company may continue the business of the Company.

ARTICLE VI - MANAGEMENT

The Company shall be managed by the members.

ARTICLE VII - LIMITATION ON AUTHORITY

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, the undersigned, as the authorized representative of the Members, has executed these Articles of Organization on this ____ day of November, 2005.


Brian D. Lechriek

Fax Audit No. FI05000273912 3

STATE OF FLORIDA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 29th day of November, 2005,
by Brian D. Leebrick, who: (notary **must** check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.



A handwritten signature in cursive script that reads "Dolores S. Donopria".

(Print Name)

Notary Public

Commission # _____

My Commission Expires: _____

Fax Audit No. H05 000273912 3

**STATEMENT OF ACCEPTANCE
AND DESIGNATION OF REGISTERED AGENT
OF
SHARKS TOOTH OWNER, LLC**

STATE OF FLORIDA
COUNTY OF BAY

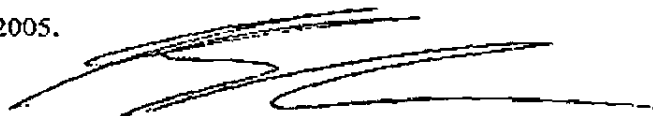
Pursuant to the provisions of Sections 608.415 and 608.407(1)(c) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is Sharks Tooth Owner, LLC.

The name of the registered agent for Sharks Tooth Owner, LLC, is Brian D. Leebrick and the street address of the company's principal office where the agent is located is 220 McKenzie Avenue, Panama City, FL 32401.

This statement is to acknowledge that, as indicated above, Sharks Tooth Owner, LLC, has appointed me, Brian D. Leebrick, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

DATED this 29th day of November, 2005.



Brian D. Leebrick
Registered Agent

Fax Audit No. H05 000273912_3

The foregoing instrument was acknowledged before me this 29th day of November, 2005, by Brian D. Leebrick, registered agent of Sharks Tooth Owner, LLC, a Florida limited liability company, who: (notary must check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.



Dolores S. Barron

(Print Name)

Notary Public

Commission # _____

My Commission Expires: _____

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TALLAHASSEE, FLORIDA

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