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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations  
409 E. Gaines Street  
P.O. Box 6327  
Tallahassee, FL 32399

**SUBJECT:** 799 N. Beal Street , LLC

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

Please return all correspondence concerning this matter to the following:

J. MARK FISHER

(Name of Person)

LAW OFFICE OF J. MARK FISHER- ATTN: SANDY

(Firm/Company)

148 Miracle Strip Pkwy, SE, Suite 2

(Address)

Ft. Walton Beach, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

J. MARK FISHER at (850) 244-8989

(Name of Person)

(Area Code & Daytime Telephone Number)

### 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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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: **799 N. Beal Street, LLC**

### ARTICLE II - Address:

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

#### Principal Office Address:

103 Walkedge Drive  
Fort Walton Beach, FL 32548

#### Mailing Address:

103 Walkedge Drive  
Fort Walton Beach, FL 32548

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TALLAHASSEE, FLORIDA

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

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

Name: Lawton O. Rockman

Address: 955 Smith Road  
DeFuniak Springs, FL 32433  
(P.O. Box NOT acceptable)

*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:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Lawton O. Rockman  
955 Smith Road  
DeFuniak Springs, FL 32433

(Use attachment if necessary)    **see attachment**

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

**REQUIRED SIGNATURE:**

Lawton Rockman  
**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.)

**LAWTON O. ROCKMAN**

Typed or printed name of signee

**STATE OF FLORIDA  
COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me this 3/8/2006 by **LAWTON O. ROCKMAN** who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

J. Mark Fisher  
**J. MARK FISHER, NOTARY PUBLIC**

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**



J Mark Fisher  
My Commission DD158800  
Expires November 20, 2006

**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:**

|      |  |
|------|--|
| MGRM | Mildred C. Rockman<br>103 Walkedge Drive<br>Ft. Walton Beach, FL 32548 |
| MGRM | Lawton O. Rockman<br>955 Smith Road<br>DeFuniak Springs, FL 32433      |
| MGRM | Keith L. Rockman<br>348 Brooks St.<br>Ft. Walton Beach, FL 32548       |
| MGRM | Timothy W. Rockman<br>1135 Rockman Lane<br>DeFuniak Springs, FL 32433  |