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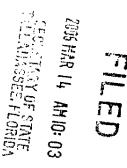
(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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TRANSMITTAL LETTER

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:

STREET ADDRESS:

(Name of Person)

J. MARK FISHER at (850) <u>244-**8989**</u>

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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

is:

Principal Office Address:

Mailing Address:

103 Walkedge Drive

Fort Walton Beach, FL 32548

103 Walkedge Drive

Fort Walton Beach, FL 32548

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..

egistered 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:

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

LAWTON O. ROCKMAN who is personally known to me or who has produced

identification and who did not take an oath.

OTARY PUBLIC J. MARK FISHER, 1

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)

My Commission DD158800

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 Mildred C. Rockman

103 Walkedge Drive

Ft. Walton Beach, FL 32548

MGRM Lawton O. Rockman

955 Smith Road

DeFuniak Springs, FL 32433

MGRM Keith L. Rockman

348 Brooks St.

Ft. Walton Beach, FL 32548

MGRM Timothy W. Rockman

1135 Rockman Lane

DeFuniak Springs, FL 32433