

L06000034886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

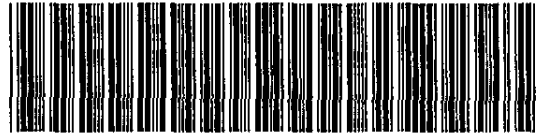
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2006 APR -4 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06 APR -4 PM 1:42

DIVISION OF CERTIFICATION



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 962324 162947A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : April 4, 2006

ORDER TIME : 1:49 PM

ORDER NO. : 962324-005

CUSTOMER NO: 162947A

FILED  
2006 APR - 4 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: 1649 SEA DUNES AT AMELIA,  
L.L.C.

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I- Name:**

The name of the Limited Liability Company is:

**1649 Sea Dunes at Amelia, L.L.C.**

(Must end with the words "Limited Liability Company" "Limited Company" or their abbreviation "LLC" or "L.C.")

**ARTICLE II- Address:**

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

**Principal Office Address:**

1649-1650 Beach Walker Road  
Amelia Plantation  
Amelia Island, Florida 32035

**Mailing address:**

14 Wincoma Drive  
Huntington, New York 11743-1121

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

FL street address (P.O. Box NOT acceptable)

Tallahassee, Florida 32301

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..*

Corporation Service Company

By: Faith M. Allen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-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

**ROBERT S. QUINN**

1649-1650 Beach Walker Road

Amelia Plantation, Amelia Island, Florida 32035

MGRM

**MARGARET SUSAN QUINN**

a/k/a M. SUSAN QUINN


1649-1650 Beach Walker Road

Amelia Plantation, Amelia Island, Florida 32035

(use attachment if necessary)

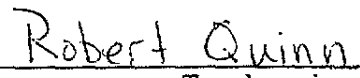
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL.)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing)

**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)

By:

  
\_\_\_\_\_  
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)