

LO6000037606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer:

4/7

FLC

Office Use Only

Charlotte _____ GAVE
AUTHORIZATION BY PHONE TO
CORRECT Suffix
DATE 4/11/06
LO : EXAM mg



700069700507

CA 07/04 -- 01/05 2 -- 06/05 *** 3.00

M. HODGES

DUNLAP, TOOLE, SHIPMAN & WHITNEY, P.A.
LAWYERS

DAVISSON F. DUNLAP, JR.
DANA G. TOOLE
GARY A. SHIPMAN
WILLIAM E. WHITNEY

2065 THOMASVILLE ROAD, SUITE 102
TALLAHASSEE, FLORIDA 32308
PHONE: 850-385-5000
FACSIMILE: 850-385-7636

DAVISSON F. DUNLAP, III
DAVID H. MILAM

DAVISSON F. DUNLAP, Of
Counsel

5399 E. CTY. HWY. C30-A, SUITE 8
SANTA ROSA BEACH, FLORIDA 32459
PHONE: 850-231-3315
FACSIMILE: 850-231-5816

Reply To: Santa Rosa Beach
Address

April 6, 2006

ATTN: REGISTRATION SECTION
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Kraus 1; Kraus 2; Kraus 3; Kraus at the Coast; Kraus at Carrabell
LLC formations

Attached please find the Articles of Organization for the above limited liability companies, along with a check in the amount of \$775.00 for filing of same. I have attached copies to be certified. If you should have any questions, please do not hesitate to contact me.

Thanking you in advance, I am

Sincerely,



Charlotte Floyd
Paralegal to Gary A. Shipman

/cf
Attachments (5)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kraus at Carrabell
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Gary A. Shipman, Esquire
(Name of Person)

Dunlap, Toole, Shipman & Whitney, P.A.
(Firm/Company)

5399 E. Cty. Hwy. C30-A, Unit 8
(Address)

Santa Rosa Beach, FL 32459
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary A. Shipman, Esquire at (850) 231-3315
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

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:

Kraus at Carrabell LLC

(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:

2428 Oakdale Street
Tallahassee, FL 32308

Mailing Address:

2428 Oakdale Street
Tallahassee, FL 32308

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:

Gary A. Shipman Esquire

Name

5399 E. Cty. Hwy. C30-A, Unit 8

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

Santa Rosa Beach, FL 32459 FL

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Linda K. Zak

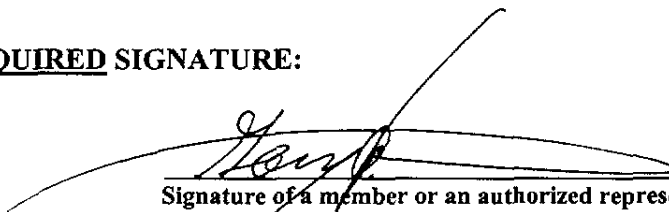
2428 Oakdale Street

Tallahassee, FL32308

(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.)

GARY A. SHIPMAN

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)