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(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

FILED

COVER LETTER

	tration Section ion of Corporations	
SUBJECT: _	JIM FREE RE (Name of Lim	EALTY - BEACH FRONT RENTALS L.L.C nited Liability Company)
The enclosed A	Articles of Organization and fee(s) ar	re submitted for filing.
Please return a	ill correspondence concerning this m	natter to the following:
	IVANE	Name of Person)
	JIM FREE REA	LTY - BEACH FRONT RENTALS L.L.C. (Firm/Company)
	•	(Address) (Address)
	PANAMA C	City/State and Zin Code)
For further info	ormation concerning this matter, plea	
Jim	(Name of Person)	at (706) 676-5344 (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:	
⊠ \$125.00 Fil	ing Fee \$130.00 Filing Fee Certificate of Status	& \$\begin{align*} \\$\\$155.00 \text{ Filing Fee & } & \begin{align*} \\$\\$\$160.00 \text{ Filing Fee,} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	Mailing Address Registration Section Division of Corporation 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

AK.	HUL	L I		Na	m	ť
The	name	Ωf	th	e I	in	, ;

ame of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited	BEACH FRONT RENTALS L.L.C d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5004 THOMAS DRIVE UNIT 701 PANAMA CILY BEACH, FI 32408	5004 THOMAS DRIVE UNIT 701 PANAMA CITY BEACH, FI 3240
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	SSS AR

PANAMA City BRACH FL 32 408
City, State, and Zip

Name

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..

THOMAS DRIVE UNIT 70 BE Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Mana	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	PO BUX 27983
	PANAMA City BEACH, Fl 3241)
MGRM	SHELBY SPROWLS POBOX 27983 PANAMA CITY BEACH, FL 3241
MGRM	TVANTETTE FREE POBOX 27983 PANAMA CITY BRACH, FI 3240
	TALLAH TALLAH
(Use attachment if necessary)	ASSEE.
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing:
REQUIRED SIGNATURE:	

ARTICLE IV- Manager(s) or Managing Member(s):

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.)

I VANETTE FARE

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)