

LO7000019975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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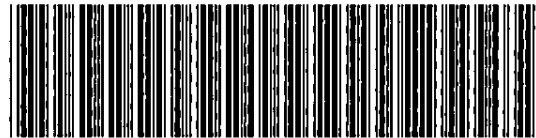
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 769295 81034A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 155.00

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 21, 2007

ORDER TIME : 3:01 PM

ORDER NO. : 769295-005

CUSTOMER NO: 81034A

DOMESTIC FILING

NAME: SUSAN K. NELSON ENTERPRISES,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
SUSAN K. NELSON ENTERPRISES, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE I ~ Name

The name of the limited liability company shall be SUSAN K. NELSON ENTERPRISES, LLC.

ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 843 Kell-Aire Drive, Destin, Okaloosa County, Florida 32541, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

The mailing address for the Limited Liability Company shall be 843 Kell-Aire Drive, Destin, Okaloosa County, Florida 32541.

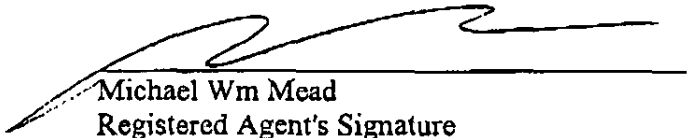
**ARTICLE III ~ Registered Agent, Registered Office
& Registered Agent's Signature**

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

Michael Wm Mead, P.A.
24 Walter Martin Road, Suite 3
Fort Walton Beach, FL 32548

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

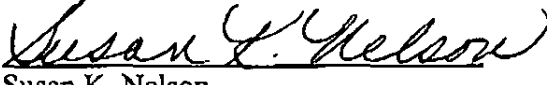
duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Michael Wm Mead
Registered Agent's Signature


ARTICLE IV ~ Management

* This Limited Liability Company is a member-managed company.

This Limited Liability Company is a manager-managed company.


Susan K. Nelson

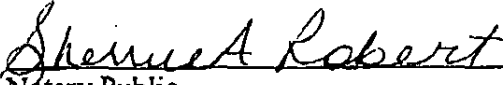
In accordance with §608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Susan K. Nelson

2.21.07
Date signed

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 21 day of February, 2007 by Susan K. Nelson, who is personally known to me.


Notary Public
My Commission Expires:

