## 107000020161

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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## COVER LETTER

	Registration Se Division of Co					
SUBJEC	T:	ake Talquin	Springs LL	c		
		(Name of Limite	d Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Craig	A. Fletcher	3	-		
	/	(	Name of Person)			
		<del></del>	Firm/Company)			
	228	Col Landing	Road			
_	rano	(City	Z 323/0 (State and Zip Code)			
For further information concerning this matter, please call:						
Cra	in A.	Hepher	at (850) 576	-0498		
•	/ (Name	or Person)	(Area Code & Daytime Tex	reprione (viiliber)		
Enclosed	is a check fo	r the following amount:				
\$125.00	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	FEB 2: AHAS		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Lake Talquin Springs	LLC
(Must end with the words "Umited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
228 Core Landing Rd.	Samo
Tallelasses, FL 32310	
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 recovery A. Fley  Name  228 Col Las  Florida street address  City, State, an	Ling Road ess (PB. Box NOT acceptable) FL 32310
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	B 22 A TARY O

. . ..

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) 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)

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