

LU7000022082

(Requestor's Name)

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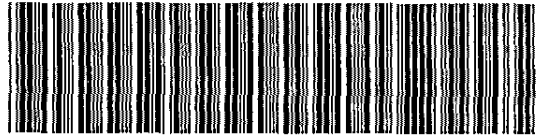
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07 FEB 27 PM 3:15
STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA
FILED
07 FEB 27 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHERRI BEEMAN SMITH THOMPSON

Requester's Name SHAW & MANAUSA

3520 THOMASVILLE ROAD, 4TH FLOOR

Address

TALLAHASSEE, FLORIDA 32344

City/State/Zip

Phone # 893-4105

FILED
07 FEB 27 AM 8:30
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TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Quail's Nest at Wiregrass, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
QUAIL'S NEST AT WIREGRASS, LLC**

FILED
07 FEB 27 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **QUAIL'S NEST AT WIREGRASS, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **ADDRESS OF PLACE OF BUSINESS.**

The mailing and street address of the place of business in Florida for the Company is: Mailing Address: P.O. box 12457, Tallahassee, Florida 32312; Physical Address: 1439 Lloyd's Cove Road, Tallahassee, Florida 32317. Such address may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: W. CRIT SMITH, and the initial, registered office is located at 3520 Thomasville Road, Tallahassee, Florida 32309.

6. **INITIAL CAPITAL CONTRIBUTIONS.**

The total amount of cash contributed to the Company is as follows:

<u>NAME</u>	<u>CONTRIBUTION</u>
LAUREN GLUESENKAMP	\$10.00
BENJAMIN D. GLUESENKAMP	\$10.00

7. **ADDITIONAL CONTRIBUTIONS.**

The total additional contributions, if any, agreed to be made by all members and the times at which, or the events of happening of which, that shall be made, are as follows:

No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made upon unanimous written agreement of the Members, or as otherwise provided in the Operating Agreement.

8. **ADDITIONAL MEMBERS.**

The Company shall have Two (2) members, and may admit additional members upon the prior unanimous written agreement of the then existing members, or as otherwise provided in the Operating Agreement.

9. **CONTINUITY OF BUSINESS.**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

10. **MANAGEMENT.**


The Company is a member-managed company. The name and address of the Members who are to serve as the co-managing Members until the first annual meeting of members or until their successor is duly elected and qualified is as follows:

Lauren Gluesenkamp	Post Office Box 12457 Tallahassee, Florida 32317
Benjamin D. Gluesenkamp	Post Office Box 12457 Tallahassee, Florida 32317

11. **INDEMNIFICATION.**

Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify any manager or former manager to the full extent permitted under the Florida Limited Liability Company Act.

EXECUTED at Tallahassee, Leon County, Florida this 20th day of February 2007.


Lauren Gluesenkamp, Co-Managing Member

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **QUAIL'S NEST AT WIREGRASS, LLC.**
2. The name of the registered agent and office is W. CRIT SMITH, 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



W. CRIT SMITH, *Registered Agent*