

| (Re | equestor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number) |) |
| Pertified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 226 |
| | Office Use On | |



02/27/07--01033--010 **125.00

COVER LETTER

| TO: Registration Se Division of Con | | | | | | |
|--|---|--|---|---|---------------|-----------|
| SUBJECT: Germa | antown Calypso Pr | operties, L | LÇ | | | |
| | | d Liability Compa | | <u> </u> | | |
| The enclosed Articles of | Organization and fee(s) are s | ubmitted for filing | ·. | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | ; | | | |
| Krista S. I | Heavey | | | | | |
| | O | Name of Person) | | • | , | |
| | · · · · · · · · · · · · · · · · · · · | Pirm/Company) | | | _ | _ |
| 9898 N. I | Houston Oak Dr | | | | | |
| | | (Address) | | | | _ ` |
| Germant | own, TN 38139 |) | | | | 0 |
| | | State and Zip Code |) | | ALC: | 7 FEB |
| For further information | concerning this matter, please | cxll: | | | 五百万五 | B 27 |
| Nick Romer, A | tty. | at (800) | 836-00 | 12 | | A |
| | of Person) | (Area Code | & Daytime 'C | 12 elephone Number) | STAT | AH II: 36 |
| Enclosed is a check for | or the following amount: | | | , | Ş™ | Š |
| ☑ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Fi Certified Copy (additional copy i | <i>-</i> | Si60.00 Fi Certificate of a Certified Cop (additional copy) | Status & | • |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration of Clifton B 2661 Exe | urier Address on Section of Corporation uilding cutive Center cc, FL 32301 | nş. | | |

| ARTICLES OF ORGANIZATION P | OR FLORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: | • |
| The name of the Limited Liability Comp | pany is: |
| Germantown Calypso Properties, I | LLC |
| (Muss end with the words "Limited Liability Compar | ny, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| The mailing address and street address of | of the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 15817 Front Beach Rd. #1007E | 9898 N. Houston Oak Dr. |
| Danama City Baseh El 32412 | Germanious TM 20120 |

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 entiry with an active Florida registration.)

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

Krista S. Heavey

Name

15817 Front Beach Rd. - Unit 1007E

Florida street address (P.O. Box NOI acceptable)

Panama City Beach

Florida street address, 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(|) or Managin | Member(s) |
|----------------------|--------------|-----------|
|----------------------|--------------|-----------|

The name and address of each Manager or Managing Member is as follows:

| "MGRM" = Managing Member | | |
|---|---|--|
| MGMR | Krista S. Heavey 9898 N. Houston Oak Dr. Germantown, TN 38139 | - - - |
| | | = : |
| | | • |
| · | ACC Tr | יייייייייייייייייייייייייייייייייייייי |
| (Use attachment if necessary) | SOF | |
| LE V: Effective date, if other than the | date of filing: (OR if | NA |

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.)

Krista S. Heavey, Managing Member
Typed or printed name of signee

Filing Feest

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)