# L07000058939

(Requestor's Name)				
(Address)				
(Addraga)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200103793352

06/04/07--01048--006 \*\*125.00

FILED

07 JUN -4 AM 10: 5:
SECRETARY OF STAT



## **COVER LETTER**

TO:

Registration Section

Division of Corporations				
SUBJECT: Seasons Lifestyles, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael J. Golub, Esq.				
(Name of Person)				
Bodzin & Golub, PC				
(Firm/Company)				
1156 15th Street, NW				
(Address)				
Washington, DC 20005				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Michael J. Golub		at (202 ) 785-888	7	
(Name of Person)		at (202 ) 785-888 (Area Code & Daytime Te	lephone Number)	
Enclosed is a check for 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 of Tallahassee, FL 32301	s	

#### ARTICLES OF ORGANIZATION

OF

FILED

07 JUN -4 AM 10: 57

SECRETAINT OF STATE TALLAHASSEE, FLORIDA

#### SEASONS LIFESTYLES, LLC

#### ARTICLE I - Name

The name of this Limited Liability Company shall be: SEASONS LIFESTYLES, LLC

### ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 509 Harrison Avenue; Panama City, Florida 32401

#### ARTICLE III - Business Purpose

The business purpose of the Limited Liability Company shall be to acquire and own a parcel of real property situated in Bay County, Florida; and to develop and construct on such real property a single family home project; and to market such homes.

<u>ARTICLE IV</u> - Registered Agent, Registered Office, and Registered Agent's Signature

The name and the Florida street address of the Registered Agent are: William E. Holland, III, 200 Hollis Avenue, Panama City, Florida 32401

Having been named as Registered Agent and to accept service of process for the above named 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.

(Signature)

(Date)

Printed: William E. Holland, III

#### **ARTICLE V** - Management

[ X ] The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company. The name and address of the Manager is as follows:

<u>Title</u>

Name and Address

MGR

William E. Holland, III 200 Hollis Avenue

Panama City, Florida 32401

Signature of a member or authorized representative

of a member

(In accordance with section 608.408(3), Florida statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true)

William E. Holland, III
Typed or printed name of signee

FILED 07 JUN -4 AH 10: 57 SECILLIANTS SEE, FLORIDA TALLAHASSEE, FLORIDA