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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

JAN 28 2008

EXAMINER

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FILED

2008 JAN 25 P 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOVAK LAW OFFICES

ATTORNEYS AT LAW

JEREMY T.M. NOVAK*
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Florida Offices
209 7th STREET
PORT ST. JOE, FLORIDA 32456

TEL. (850) 250-1117
TELEFAX (850) 229-1148
www.NovakLaw.us

January 22, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Articles of Organization for Florida LLC
Joseph's Cottage, LLC

Dear Registration Section:

Enclosed please find the proposed Articles of Organization for the above referenced entity to be incorporated as, Joseph's Cottage, LLC.

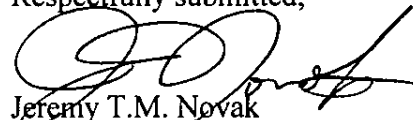
Kindly return all correspondence, filed papers, information requests and/or further inquiries concerning this matter to our offices at:

Novak Law Offices, PLLC
c/o Jeremy T.M. Novak, Esq.
209 7th Street
Port St. Joe, Florida 32456
(850) 250-1117

Additionally, please find the check (#3005) in the amount of one hundred and thirty dollars (\$130) for the State required Filing Fee and a Certificate of Status.

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,



Jeremy T.M. Novak
Novak Law Offices, PLLC

Encl.

FILED
2008 JAN 23 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joseph's Cottage, 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:

Jeremy T.M. Novak

(Name of Person)

Novak Law Offices, PLLC

(Firm/Company)

209 7th Street

(Address)

Port St. Joe, Florida 32456

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy T.M. Novak

(Name of Person)

at (850)

250-1117

(Area Code & Daytime Telephone 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2008 JAN 25 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joseph's Cottage, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

209 7th Street

Port St. Joe, Florida 32456

Mailing Address:

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 entity with an active Florida registration.)

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

Jeremy T.M. Novak, Novak Law Offices PLLC

Name

209 7th Street

Florida street address (P.O. Box **NOT** acceptable)

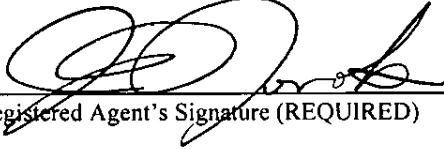
Port St. Joe

FL 32456

City, State, and Zip

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2008 JAN 25 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Melissa Farrell

209 7th Street

Port St. Joe, Florida 32456

MGRM

Patrick Farrell

236 Balboa Drive

Port St. Joe, Florida 32456

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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:

Melissa M. Farrell
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.)

Melissa M. Farrell
Typed or printed name of signee

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)