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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	Certificates	of Status	
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2008 MAR 12 AM 9: 55 SEGRETARY OF STATE TALLASSEE, FLORID.

T. CLINE
MAR 13 2008
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2008

KIMBERLY LANG 806 PINE ST DESTIN, FL 32541

SUBJECT: KIMBERLY LANG VACATION RENTAL PROPERTIES, LLC

Ref. Number: W08000009752

We have received your document for KIMBERLY LANG VACATION RENTAL PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 22, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 308A00011627

COVER LETTER

TO: Registration Section !) Division of Corporations	
SUBJECT: Kin Serly La (Name of Limited	Ing Vacation Rental Properties LLC Liability Company)
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Kimb	erly LANG
7)	lame of Person)
(I	Firm/Company)
806	PINE ST (Address)
Dest	N, FL 3 254/ State and Zip Code)
(City)	Since and Zip Code)
For further information concerning this matter, please of	all:
Kim LANG	at (SO) 269-049
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	STATE 9: 55
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:	
Γhe name of the Lin	nited Liability Company is:	
(Mus	Kinderly Lang Vacadion Retend with the words "Limited Liability Company, "L.L.C.," or "LLC.")	NHAL Properties, LLC
ARTICLE II - Add The mailing address	lress: and street address of the principal office of the Limited	Liability Company is:
Principal Office Ad	Idress: Mailing Address:	
806 PIN DRSTIN, FL	EST 806 PINE 32541 Destin, FL	37 3254/
	gistered Agent, Registered Office, & Registered Agen npany cannot serve as its own Registered Agent. You must designate an inc tive Florida registration.)	dividual or another
The name and the Fi	orida street address of the registered agent are:	2008 HAR 12 AM 9: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
_	Kim Lang Name	
	Name	ARY SSS
-	806 PINE ST	MS E
	Florida street address (P.O. Box NOT acceptable)	1.05 1.05 1.05 1.05 1.05 1.05 1.05 1.05
-	Destin FL 32541 City, State, and Zip	登 55
	City, Squite, und Sip	

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kimberly Lang 804 FINEST DESTIN, FL 3254/
<u></u>	
(Use attachment if necessary)	
n effective date is listed, the date must be 190 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	Vin 19:5
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
<u></u> T	yped 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)