## L080000 2880/

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| . (Ad                   | ldress)            |           |
| . (Ad                   | ldress)            |           |
| `                       | ,                  |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Ви                     | isiness Entity Nar | ne)       |
| (Do                     | ocument Number)    |           |
| `                       |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE
TALLAHASSEE. FLORIE.

## **COVER LETTER**

|   | istration Section M<br>sion of Corporations  | March                               | 18,               | 200              |
|---|--|-------------------------------------|-------------------|------------------|
| SUBJECT:                                | Carriage Way, 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:  |                                     | •                 |                  |
|   | Joseph Trawick   |                                     |                   |                  |
|   | (Name of Person)   |                                     |                   |                  |
|   | Carriage Way, LLC  |                                     |                   |                  |
| *************************************** | (Firm Company)   |                                     |                   |                  |
|   | 6001 Harvey St.  |                                     | 7,                |                  |
|   | (Address)  |                                     | EE                | 200              |
|   | Panama City, FL 32404  |                                     | ALLA<br>ALLA      | ivw a            |
|   | (City State and Zip Code)  |                                     | 7.72<br>Y.73      | 19               |
|   | formation concerning this matter, please call:   | FLORID,                             | OF STATE          | A 11. 2          |
| Joseph                                  | Trawick at (850) 871-0078  | a Niverbac                          |                   |                  |
| Enclosed is                             | (Name of Person)  (Area Code & Daytime Telephone  a check for the following amount:  ing Fee \$\sum_{\text{\$130.00}}\$ Filing Fee & \$\sum_{\text{\$155.00}}\$ Filing Fee & \$\sum_{\text{\$160}}\$ Status  Certified Copy Certified Copy (additional copy is enclosed) | 0,00 File<br>rtificate<br>rtified C | ing Fe<br>of Stat | us &             |
|   | Mailing Address Registration Section  Street/Courier Address Registration Section  | ditional co                         | py 18 cm          | vios <b>ca</b> ) |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is:  |          |
|--|----------|
| Carriage Way, LLC  |          |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  |          |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp | oany is: |

**ARTICLE I - Name:** 

| Principal Office Address:  | Mailing Address:                 |
|--|----------------------------------|
| 6001 Harvey St.  | 6001 Harvey St.                  |
| Panama City  | Panama City,                     |
| Florida 32404  | Florida 32404                    |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the  Joseph Trawic | e registered agent are:          |
| Nam  |                                  |
| 6001 Harvey S  | <u> </u>                         |
| Florida street a   | ddress (P.O. Box NOT acceptable) |
| Panama City  | FL 32404                         |
| City State   | and Zin                          |

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:

| MGR                                     | Joseph Trawick 6001 Harvey St. Panama City, FL 32404 | <del>-</del> |
|---|--|--------------|
| MGR                                     | Lydia D. Trawick                                     | _            |
|   | 6001 Harvey St. Panama City, FL 32404                | <del></del>  |
| (Use attachment if necessary)           | ECRETARY OF STATE LURIDA                             |              |
| LE V: Effective date, if other than the | e date of filing: (OPTI                              | ONA!         |

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.)

Joseph Trawick
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)