

L080000060243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

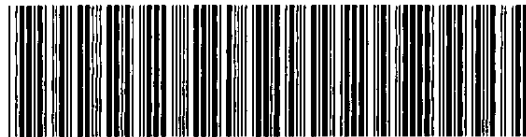
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Hagan JUN 19 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vacation at Grand Panama 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:

Charlene Sullivan

(Name of Person)

Vacation at Grand Panama LLC

(Firm/Company)

4719 Slalom Run

(Address)

Owens Cross Roads, AL 35763

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa McGee

(Name of Person)

at (931) 393-3307

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2008

CHARLENE SULLIVAN
4719 SLALOM RUN
OWENS CROSS ROADS, AL 35763

SUBJECT: VACATION AT GRAND PANAMA LLC
Ref. Number: W08000027566

We have received your document for VACATION AT GRAND PANAMA 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):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 608A00035046

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vacation at Grand Panama 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 Company is:

Principal Office Address:

4719 Slalom Run
Owens Cross Roads, AL 35763

Mailing Address:

SAME

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:

Charlene Sullivan

Name

~~11805~~ 11807 Front Beach Rd - I - 605

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

Panama City Beach FL 32407

City, State, 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..

Charlene Sullivan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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STATE
TREASURY
FLORIDA

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

Charlene Sullivan

4719 Slalom Run

Owens Cross Roads, AL 35763

MGRM

Calvin Mayes

2103 Manning Place

LaGrange, KY 40031

MGRM

Joyce Mayes

2103 Manning Place

LaGrange, KY 40031

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2008 (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:

Charlene Sullivan
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.)

Charlene Sullivan

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)

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TALLAHASSEE
SECRETARY OF STATE
FLORIDA