

LD8000076103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

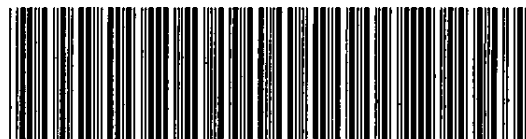
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DIVISION OF REGISTRATION
08 AUG - 7 PM 3:36

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Southern Pines Plantation, 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:

Doug Ball

(Name of Person)

Southern Pines Plantation, LLC.

(Firm/Company)

6224 State Road 535

(Address)

Windermere, Florida 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Ball

(Name of Person)

at (407) 580-7450

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Pines Plantation, 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:

6224 State Road 535
Windermere, Florida 34786

Mailing Address:

6224 State Road 535
Windermere, Florida 34786

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:

Scott Ball

Name

6224 State Road 535

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

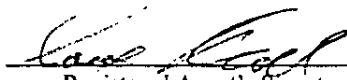
Windermere, Florida 34786

City, State, and Zip

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATION

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

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

"MGRM" = Managing Member

Doug Ball

Windermere, Florida 34786

MGR

MGR

Judy Ball

6224 State Road 535

Windermere, Florida 34786

(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.)

Signature of a member or an authorized agent

(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.)

Long Ball
Type

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)