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## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone

: (770)777-2091

Fax Number

: (770)220-1943

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Chattahoochee Landing, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

#### **COVER LETTER**

TO: Registration Division of C			
SUBJECT: CHATT	AHOOCHEE LANDING, LL	C ted Liability Company)	······································
	(Name of Circle	led Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
Sharon K. Gr	ay		
		(Name of Person)	
Triad Professi	onal Services, LLC		
		(Firm/Company)	
2050 Marcon	i Drive, Suite 150		
	, , , , , , , , , , , , , , , , , , ,	(Address)	
Alpharetta, G	A 30005	·	74. 74. 74.
*****	(Cit	y/State and Zip Code)	\$30 A
For further information	concerning this matter, please	e call:	OB AUG 14 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Sharon K. Gray		at ( 770 ) 777-2091	FLOS FLOS
(Nam	e of Persun)	(Area Code & Daytime Telephone Num	PAT O
Enclosed is a check t	for the following amount:		45
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy 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	1

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: CHATTAHOOCHEE LANDING, LLC (Must end with the words "Lineited 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: Mailing Address: 957 East Pine Street 957 East Pine Street St. George Island, FL 32328 St. George Island, FL 32328 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate as individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4 Plorida street address (P.O. Box NOT acceptable) Weston FL 33331 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.. NRAI Selviços, Inc.

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Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

		Name and Address:	
"MGR" = Manag			
"MGRM" - Mar	naging Member		
MGR/Member		George K. Floyd	
		957 East Pine Streat	
		St. George Island, FL 32328	<u> </u>
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