

L08000083104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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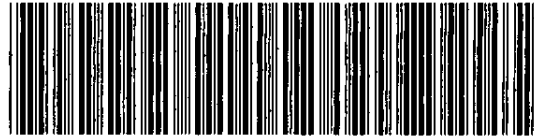
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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N. O'Brien SEP -2 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chautauqua Blue-Grass Festival. Ltd Liability Co.
(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:

Catherine King

(Name of Person)

Dave's Music

(Firm/Company)

756 Baldwin Avenue

(Address)

De Funiak Springs, Florida 32435

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine King

(Name of Person)

at (850) 723-2465

(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

August 22, 2008

L. KATHERINE KING
86 PEACOCK ROAD
DEFUNIAK SPRINGS, FL 32433

SUBJECT: CHAUTAUQUA BLUE-GRASS FESTIVAL, L.L.C.
Ref. Number: W08000039324

We have received your document for CHAUTAUQUA BLUE-GRASS FESTIVAL, L.L.C. 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 Division of Corporation does not file the Operating Agreement. I am enclosing the Articles of Organization.

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: 708A00047082

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chautauqua Blue-Grass Festival, Limited Liability Co.

(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:

Attn: Catherine King
756 Baldwin Avenue, Suite A
De Funiak Springs, Florida 32435

Mailing Address:

Catherine King
86 Peacock Road
De Funiak Springs, Florida 32433

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:

Catherine King
Name

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

De Funiak Springs, FL 32433
City, State, and Zip

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TALLAHASSEE FLORIDA

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..

Catherine King
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Catherine King
86 Peacock Road
De Funiak Springs, Florida 32433

MGRM

Karen Durkin
86 Peacock Road
De Funiak Springs, Florida 32433

MGRM

Carolyn Dixon
139 Peacock Road
De Funiak Springs, Florida 32433

MGRM

Virginia Pridgen
40B, Hwy 181W
DeFuniak Springs, Florida 32433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:


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.)

Catherine King

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)