

L09000059293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

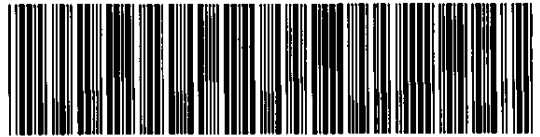
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
09 JUN 17 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JUN 18 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2009

DARTLE C NICHOLS
5118 CR 300A
LAKE PANASOFFKEE, FL 33538

SUBJECT: DRIPPING OAKS LLC
Ref. Number: W09000027282

We have received your document for DRIPPING OAKS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 509A00019588

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dripping Oaks 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:

5118 CR 300A

Lake Panasoffkee, FL 33538

Mailing Address:

5118 CR 300A

Lake Panasoffkee, FL 33538

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:

Daryle C. Nichols

Name

5118 CR 300A

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

Lake Panasoffkee, FL 33538

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.

Daryle C. Nichols
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 M

Kevin B. Towne Sr

PO Box 1527

Summerfield, FL 34492

MGRM

James Kenneth Towne

P.O. Box 1304 ~~4304~~

Fruitland Park, FL 34731

MGRM

Daryle C. Nichols

5118 CR 300A

Lake Panasoffkee, FL 33538

MGRM

Suzanne Persampieri

2626 NW 68th Ave

Gainesville, FL 32653

(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.)

Daryle C. Nichols

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)