

LO9000121249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

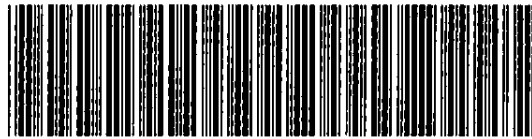
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 1/01/2010



400163112314

12/21/09--01078--009 **125.00

FILED
09 DEC 21 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 22 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: APPALACHIAN PROPERTIES, 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:

Gregory H. Kinnamon
Name of Person

Gregory H. Kinnamon, P.C.
Firm/Company

P. O. Box 6178
Address

Dalton, Georgia 30722-6178
City/State and Zip Code

greg@gregkinnamon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Kinnamon at (706) 277-0777
Name of Person 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

FILED
09 DEC 21 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APPALACHIAN PROPERTIES, 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:

221 Scenic Gulf Dr.

Grand Dunes 11 #920

Destin, Florida 32540

Mailing Address:

P. O. Box 608

Destin, Florida 32540

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:

C. Lamar Wright

Name

221 Scenic Gulf Dr. Grand Dunes 11 #920

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

Destin

FL 32540

City, State, and Zip

FILED
09 DEC 21 PM 1:41
SECRETARY OF STATE
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..

C. Lamar Wright

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 11/01/2010

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

C. LAMAR WRIGHT
221 Scenic Gulf Dr.
Grand Dunes 11 #920
Destin, Florida 32540

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2010. (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:

C. Lamar Wright
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.)

C. LAMAR WRIGHT

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)

FILED
09 DEC 21 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA