10000023195

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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DIVISION OF CORPORATIONS

T. HAMPTON

MAR - 2 2010

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo						
SUBJI	SUBJECT: Touchstone Resorts						
	Name of Limited Liability Company						
The en	closed Articles of Or	ganization and fee(s) are	submitte	d for filing	;.		
Please	return all correspond	ence concerning this mat	ter to the	following	:		
		Da		uchstone	<u> </u>		
			Name o	f Person			
		Tou		e Resor	ts		
	Firm/Company						
	1428 Chippendale Rd.						
			Add	ress			
	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Florida 3			· · · · · · · · · · · · · · · · · · ·
			•	nd Zip Code pellsouth			
•		E-mail address: (to be used	for future	annual repo	rt notificatio	n)	
For fur	ther information con	cerning this matter, please	e call:				
	David To		_ at (850			9-2477
	Name of Po	erson		Area Code	& Daytime	l'elep	hone Number
Enclos	sed is a check for th	e following amount:					
] \$125.		\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filin rtified Cop ditional copy		ت	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	F C F	Agiling Address Registration Section Division of Corporations O. Box 6327 Callahassee, FL 32314		Registrati Division Clifton B 2661 Exe	ourier Addr on Section of Corporat uilding outive Cent ee, FL 3230	ions ter Ci	rcie

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
	Taylahatana Basarta I I C				
Touchstone Resorts LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")					
ARTICLE II - Address:					
	reet address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
1428 Chippendale Rd.	1428 Chippendale Rd.				
Cantonment.Florida 325	Cantonment, Florida 32533				
(The Limited Liability Company car business entity with an active Flori	d Agent, Registered Office, & Registered Agent's Signature: anot serve as its own Registered Agent. You must designate an individual or another da registration.) treet address of the registered agent are:				
	David Touchstone				
	Name				
	1428 Chippendale Rd.				
Fic	Florida street address (P.O. Box NOT acceptable)				
Cant	Cantonment,Fl. 32533 _{FL}				
	City, State, and Zip				
-	sistered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as				

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)

Page 1 of 2 (CONTINUED)

SECRETARY IT STATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Manager	Jonathan Touchstone
	109 Oak Shores Dr.
	Niceville, Fl. 32578
Manager	David Touchstone
	1428 Chippendale Rd.
	Cantonment, Fl. 32533
MGRM	Beth Touchstone
	109 Oak Shores Dr.
	Niceville, Fl. 32578
	THE THE TAXABLE PARTY OF THE PA
<u>MGRM</u>	Lisa Touchstone
	1428 Chippendale Rd.
	Cantonment Fl. 32533
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
(If an effective date is listed, the date mus	t be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	•
REQUIRED SIGNATURE:	
MEQUIAND STORMS	
(h lois	Dough Tone
Signature of a mer	nber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution
of this document c	onstitutes an affirmation under the penalties of perjury
that the facts stated	herein are true.)
	David Touchstone
	Typed or printed name of signee
Filing Fees:	
	ರ್ಷ-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE OF BOAT OF BOAT ON STATE OF BOAT OR ATTOMS