L10000059074

(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:

L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICE OF
DAVID MILLER LANG, JR.
ATTORNEY AT LAW

204 SOUTHEAST FIRST STREET
POST OFFICE BOX 51
TRENTON, FLORIDA 32693-0051

(352) 463-7800

May 27, 2010

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Eerie Acres, LLC

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization along with a Transmittal Letter providing all return correspondence information and my check# 3908 in the amount of $160.00 representing payment for:

| | |
|---|---|
| Filing Fee for Articles of Organization | $100.00 |
| Designation for Registered Agent | $ 25.00 |
| Certified Copy of Articles of Organization | $ 30.00 |
| Certificate of Status | $ 5.00 |

Should there be any questions, please do not hesitate to contact me.

Sincerely,

David M. Lang, Jr.

DMLJ/dh
Enclosures: As stated

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: Eerie Acres, 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:

Donna Holmes
Name of Person

David M. Lang, Jr., Attorney At Law
Firm/Company

P.O. Box 51
Address

Trenton, Florida 32693
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Holmes at ( 352 ) 463-7800
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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Eerie Acres, 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:** | **Mailing Address:** |
|---|---|
| 14371 NW 50th Avenue | 14371 NW 50th Avenue |
| Chiefland, Florida 32626 | Chiefland, Florida 32626 |

**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:

Susan Watson
Name

14371 NW 50th Avenue
Florida street address (P.O. Box **NOT** acceptable)

Chiefland FL 32626
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..*

Susan Watson
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**



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TALLAHASSEE, FLORIDA

**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<br>"MGRM" = Managing Member | |
| MGRM | SUSAN WATSON<br>14371 NW 50TH AVENUE<br>CHIEFLAND, FLORIDA 32626 |
| MGRM | PHILLIP WATSON<br>14371 NW 50TH AVENUE<br>CHIEFLAND, FLORIDA 32626 |
| | |
| | |

(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:**

Susan Watson
**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.)

SUSAN WATSON
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)**