

L100000059074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

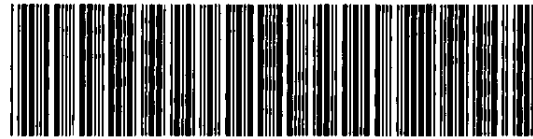
Special Instructions to Filing Officer:

L. SELLERS

JUN - 2 2010

EXAMINER

Office Use Only



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06/01/10--01034--013 **160.00

FILED

10 JUN - 1 PM 2:43

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

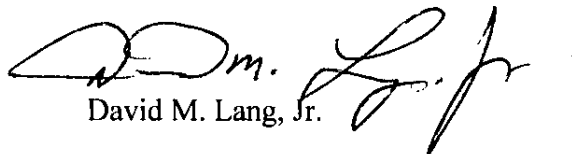
Dear Sir or Madam:

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

Name of Person

at (352)

463-7800

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:

14371 NW 50th Avenue

Chiefland, Florida 32626

Mailing Address:

14371 NW 50th Avenue

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

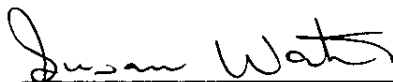
Florida street address (P.O. Box **NOT** acceptable)

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUSAN WATSON

14371 NW 50TH AVENUE

CHIEFLAND, FLORIDA 32626

MGRM

PHILLIP WATSON

14371 NW 50TH AVENUE

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:



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)