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SEERETARY OF STATE

COVER LETTER

Division of	Corporations	
SUBJECT: Gophe	er Hill, LLC	
		ted Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corre	spondence concerning this mat	tter to the following:
Charles G.	Brackins	
	1 Mg 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of Person
		•
		Firm/Company
823 Tarpon	Drive	
		Address
Fort Walton	Beach, FL 32548	
	Cit	ity/State and Zip Code
cgbgators@	hotmail.com	
	E-mail address: (to be used	for future annual report notification)
For further information	on concerning this matter, pleas	se call:
Charles G. Brack		at (_850) 200-4012
Nan	ne 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	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:				
Gopher Hill, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2575 Highway 185, DeFuniak Springs, FL 32433	2575 Highway 185, Defuniak Springs, FL 32433			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another			
Charles G. Brackins				
Name				
823 Tarpon Drive,				
<u>-</u>	ress (P.O. Box NOT acceptable)			
Fort Walton Beach	FL 32548			
	te, and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

IGRM		Leonard D. Adams
		2575 Highway 185, DeFuniak Springs, FL 32433
GRM		David Adams
		T. R. Miller Road, DeFunlak Springs, FL 32433
		

ARTICLE V: Effective date, if other than the date of filing: <u>Vote & Fling</u>. (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.)

Charles G. Brackins, Attorney for Members, State Bar No.167538

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)