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(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:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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EFFECTIVE DATE 2-7-11

TALLAHASSEF OF STATE

B. BOSTICK
FEB 1 1 2011
EXAMINER

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations				
<sub>SUBJECT:</sub> Carl	Vernon III LLC				
		ted Liability Company		-	
. The enclosed Article	s of Organization and fee(s) are	submitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
Carl Ve	rnon III				
		Name of Person			
		Firm/Company	7		
1300 Ty	ndall Drive		SEC.	=======================================	
		Address	12 m	<del>ਛ</del> ਾਂ •	ť
Panama	City, Florida 32401		SSEE	5 [	7 T. A.
<u>,</u>		ty/State and Zip Code	<u> </u>		-
mjv2394@	knology.net		LOR	= '	فحصوب
<del></del>	E-mail address: (to be used	for future annual report notification)	DA DA	9	-
For further informati	on concerning this matter, pleas	e call:			
Carl Vernon III		at (850 258-8349			
Na	me of Person	Area Code & Daytime Telep	phone Number	_	
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of St Certified Copy (additional copy is	tatus &	
	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 C Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Carl Vernon III LLC	
(Must end with the words "Limited Liabilit	y 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:
1300 Tyndall Drive Panama City Florida 32401	1300 Tyndall Drive Panama City Florida 32401
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 recommendation of the respective control of	egistered agent are:
Name	AH II: 26
1300 Tyndall Drive	<b>e</b> 10 A
	ress (P.O. Box NOT acceptable)
Panama City Florida 32401	FL
City, Stat	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	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	<u>Name and Address:</u>	
MGR	Carl Vemon III 1300 Tyndall Drive	
	Panama City Florida 32401	
	TAS 1	
	1 FEB	
	FLORAL 2	
(Use attachment if necessary)	0.1744	
CLE V: Effective date, if other the	nust be specific and cannot be more than five business days	-
CLE V: Effective date, if other the		-
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:		-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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