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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN 14 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gum Creek Resort and Lodge, 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:

Kelly P. Smith
Name of Person

Gum Creek Resort and Lodge, LLC.
Firm/Company

C/o 36743 Roberts Road
Address

Dade City, FL 33525
City/State and Zip Code

polksmith@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly P. Smith at (352) 458 1138
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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

GUM CREEK RESORT AND LODGE, LLC.

ARTICLE II: ADDRESS

The principal street address for the Limited Liability Company is:

~~39646 Fig Street, Crystal Springs, Florida 33524.~~

*2268 NW Bailey Grade Road,
Greenville, FL 32331*

The mailing address for the Limited Liability Company is:

c/o 36743 Roberts Road, Dade City, Florida 33525.

ARTICLE III: REGISTERED AGENT

The name and street address of the registered agent are:

Clyde A. Biston, 39646 Fig Street, Crystal Springs, Florida 33524.

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TALLAHASSEE, FLORIDA

Having been named as the 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.

x *Clyde A. Biston*
REGISTERED AGENT'S SIGNATURE

ARTICLE IV: MANAGER OR MANAGING MEMBERS

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

Manager/Managing Member:

Kelly P. Smith, 36743 Roberts Road, Dade City, Florida 33525

Managing Member:

Clyde A. Biston, P. O. Box 1299, Crystal Springs, Florida 33524

ARTICLE V: EFFECTIVE DATE

The effective date shall be immediately upon filing.

X 

SIGNATURE OF AUTHORIZED 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. I am aware that any false information submitted in a document of the Department of State constitutes a third degree felony as provided for in S.817.155, F.S.)

Kelly P. Smith
Manager/Managing Member

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TALLAHASSEE, FLORIDA