

L11000120971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

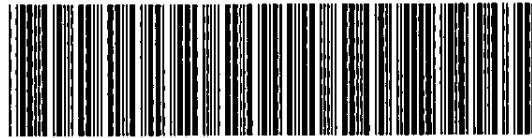
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

OCT 24 2011

EXAMINER



900213095309

RECEIVED

11 OCT 20 PM 4: 09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 20 AM 11: 25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2011

CARINA DUNLAP
CSC
TALLAHASSEE, FL

SUBJECT: 615A38, LLC
Ref. Number: W11000053989

RESUBMIT
Please give original
submission date as file date.

952752
11 OCT 20 AM 11:25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

We have received your document for 615A38, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

In Article II, the P.O. Box address is fine for the mailing address, but you must also list the "street address of the principal office". This has to be a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 211A00024102

RECEIVED
11 OCT 24 AM 10:43
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 20 AM 11:25

ACCOUNT NO. : I20000000195

REFERENCE : 952752 7117422

AUTHORIZATION :

Lynne Coleman

COST LIMIT : \$ 155.00

ORDER DATE : October 20, 2011

ORDER TIME : 3:12 PM

ORDER NO. : 952752-005

CUSTOMER NO: 7117422

DOMESTIC FILING

NAME: 615A38, LLC

EFFECTIVE DATE: CERT COPY

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
815A38, LLC
A LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 20 AM 11:25

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I

The name of the Limited Liability Company is: 815A38, LLC.

ARTICLE II

The mailing address shall be: P.O. Box 832, Flagler Beach, Florida 32136-0832 and the principal office address of the Limited Liability Company is 51 South Atlantic Avenue, Ormond Beach, FL 32176.

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers, as may be set forth in the Operating Agreement. Until otherwise provided in the Operating Agreement, the name and address of the initial Manager(s) shall be:

Thomas R. McNeill, P.O. Box 832, Flagler Beach, Florida 32136-0832.

ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement.

I have signed these Articles of Organization and acknowledged them to be my act
this 10th day of October, 2011

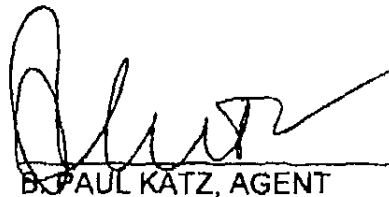
By: 

B. PAUL KATZ, AGENT

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED FOR
615A38, LLC**

IN COMPLIANCE WITH SECTION 608.507, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

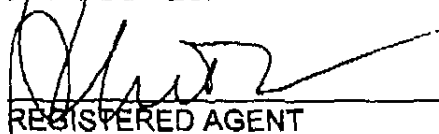
FIRST: THAT THE UNDERSIGNED AGENT, DESIRING TO ORGANIZE OR
QUALIFY THE ABOVE REFERENCED LIMITED LIABILITY COMPANY UNDER THE
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT
P.O. BOX 832, FLAGLER BEACH, FLORIDA 32136-0832, HAS NAMED B. PAUL KATZ,
LOCATED AT ATRIUM SUITE, 1 FLORIDA PARK DRIVE SOUTH, PALM COAST,
FLORIDA 32137, AS ITS REGISTERED AGENT AND OFFICER TO ACCEPT SERVICE
OF PROCESS WITHIN FLORIDA.



B. PAUL KATZ, AGENT

DATE: Oct. 20, 2011

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-
STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.



REGISTERED AGENT

DATE: Oct. 20, 2011