

L12000033215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

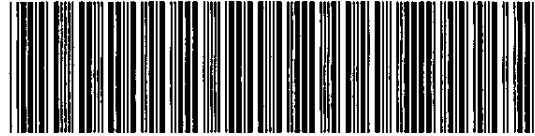
Special Instructions to Filing Officer:

**A. LUNT**

MAR - 8 2011

**EXAMINER**

Office Use Only



500223762355

03/05/12--01054--019 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2012 MAR -5 PM 1:00

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Smoky Mountain Escapes 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:

Lori Ahlfeld

Name of Person

Smoky Mountain Escapes LLC.

Firm/Company

2 Oceanshore Drive

Address

Ormond beach, Florida 32176

City/State and Zip Code

slnsheets@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Ahlfeld

Name of Person

at ( 386 ) 316-0289

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

2012 MAR -5 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:**

MGR

Lori Ahlfeld

2 Oceanshore drive

Ormond Beach, FL 32176

2012 MAR -5 PM 1:00  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3-5-2012. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lori Ahlfeld

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)