

L12000051846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

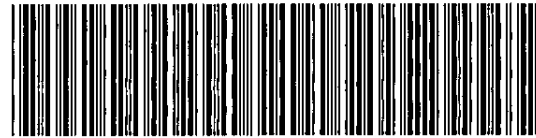
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 17 2012
EXAMINER

Law Offices
Michael Wm Mead, P.A.

24 Walter Martin Road, Suite 2
Fort Walton Beach, Florida 32548
Telephone: (850) 243-3135
Facsimile: (850) 244-4849

Michael Wm Mead
Michael Wm Mead, Jr.
John S. Mead

Please reply to:
Post Office Box 1329
Fort Walton Beach, Florida 32549-1329

April 10, 2012

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

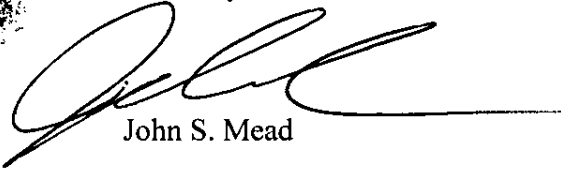
RE: Reeves Street Properties, LLC

Dear Sir or Madam:

Enclosed please find the completed forms for setting up Reeves Street Properties as a Florida Limited Liability Company. I have also enclosed a check in the amount of \$125.00 to cover your filing fee. Please send your letter of acknowledgment to my office at the address listed above.

Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,



John S. Mead

JSM/db
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reeves Street Properties, 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:

John S. Mead

Name of Person

Michael Wm Mead PA

Firm/Company

24 Walter Martin Road, NE

Address

Fort Walton Beach, FL 32548

City/State and Zip Code

John@meadlawfirm.com

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

For further information concerning this matter, please call:

John S. Mead

Name of Person

at (850) 243-3135

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Reeves Street Properties, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

70 Eglin Parkway, NE
Fort Walton Beach, FL 32548

Mailing Address:

70 Eglin Parkway, NE
Fort Walton Beach, FL 32548

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

John S. Mead

Name

24 Walter Martin Road, NE

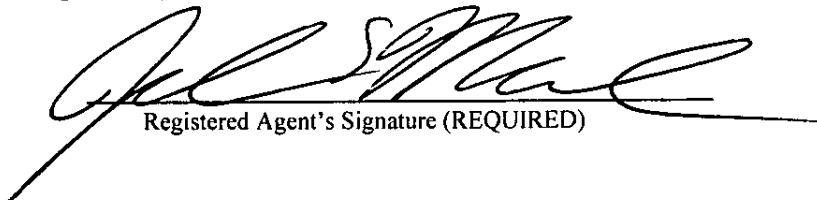
Florida street address (P.O. Box **NOT** acceptable)

Fort Walton Beach FL 32548

City, State, and Zip

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Having been named as 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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Audrey E. Gibson
Post Office Box 700
Fort Walton Beach, FL 32549

MGRM

John Mark Gibson
829 Kellaire Court
Destin, FL 32541

MGRM

Christianne Gibson
249 Brooks Street, SE
Fort Walton Beach, FL 32548

MGRM

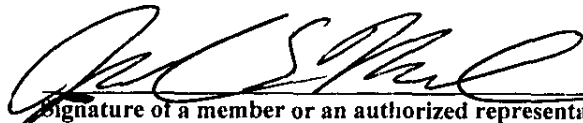
Jacquelyn G. Alwin
Post Office Box 1610
Destin, FL 32540

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

John S. Mead

Typed or printed name of signer

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)