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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 05 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2066 CAROL PLACE, 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:

W. Flemming Ward

Name of Person

W. Flemming Ward, Attorney At Law

Firm/Company

P.O. Box 412

Address

DeFuniak Springs, FL 32435

City/State and Zip Code

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

For further information concerning this matter, please call:

W. Flemming Ward

Name of Person

at ( 850 ) 892-3822

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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**ARTICLES OF ORGANIZATION  
A  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of this limited liability company is 2066 CAROL PLACE, LLC.

**ARTICLE II**

The limited liability company is to exist perpetually.

**ARTICLE III**

The address of the principal office of the limited liability company is 1414 Otter Pond Road, Westville, Florida 32464.

**ARTICLE IV**

The name and address of its initial registered agent is Laushon P. Boone, 1414 Otter Pond Road, Westville, Florida 32464.

**ARTICLE V**

The members may admit additional members upon the terms and conditions set forth at the time of the proposed admission.

**ARTICLE VI**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member, the remaining members may continue the limited liability company.


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ARTICLE VII

The management of the limited liability company shall be  
by the member whose name and address is:

MILLIE E. BOONE

1416 Otter Pond Rd.  
Westville, FL 32464

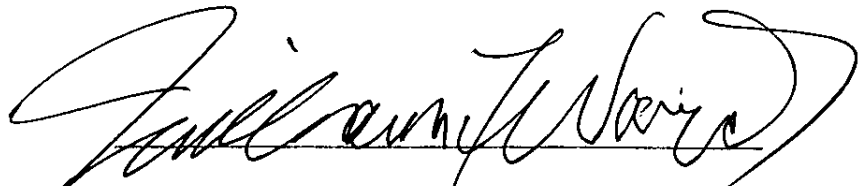
  
MILLIE E. BOONE

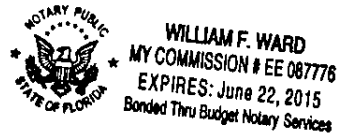
STATE OF FLORIDA

COUNTY OF WALTON

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

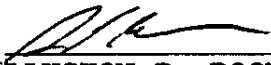
The foregoing instrument was acknowledged before me this  
the \_\_\_\_ day of May, 2012 by MILLIE E. BOONE, ( ) who is personally  
known to me, or ( ) who produced Florida ID  
as identification, and ( ) who did, or ( ) who did not take an  
oath.

  
NOTARY PUBLIC



**ACCEPTANCE OF RESIDENT AGENT**

I hereby certify that I am a permanent resident of Walton County, Florida, residing at 1414 Otter Pond Rd., Westville, Florida 32464. I am familiar with the obligations of a resident agent and hereby accept the foregoing designation as Resident Agent.

  
\_\_\_\_\_  
**LAUSHON P. BOONE**  
**Resident Agent**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**