

L12000087660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

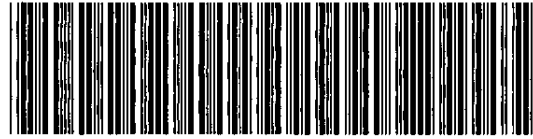
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 05 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 234 BOB MCCASKILL DRIVE, 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)

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TALLHASSEE, FLORIDA

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

**ARTICLES OF ORGANIZATION
A
LIMITED LIABILITY COMPANY**

ARTICLE I

The name of this limited liability company is 234 BOB MCCASKILL DRIVE, 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.

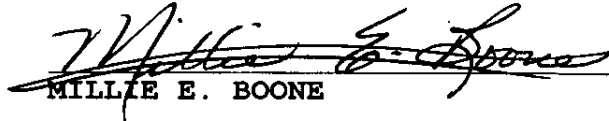
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ARTICLE VII

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

MILLIE E. BOONE

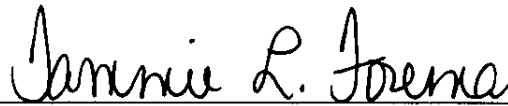
1416 Otter Pond Rd.
Westville, FL 32464


MILLIE E. BOONE

STATE OF FLORIDA

COUNTY OF WALTON

The foregoing instrument was acknowledged before me this the 14th day of June, 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.



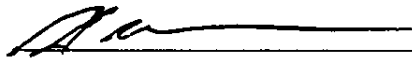
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ACCEPTANCE OF RESIDENT AGENT

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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