

L12000131145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

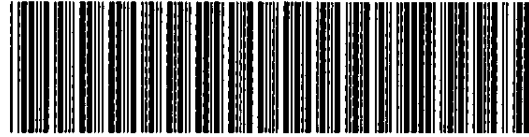
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900240564929

900240564929
10/12/12--01040--017 **130.00

APPROVED
AND
FILED
12 OCT 12 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 15 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHWEST ATLANTA 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:

CARL LAYMAN
Name of Person

Firm/Company

3850 VICKERS LAKE DRIVE
Address

JACKSONVILLE FL 32224
City/State and Zip Code

C.LAYMAN 3 @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL LAYMAN at (818) 261 2184
Name of Person 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

APPROVED
AND
FILED

12 OCT 12 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTHWEST ATLANTA 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:

3850 VICKERS LAKE DR
JACKSONVILLE FL 32224

Mailing Address:

3850 VICKERS LAKE DR
JACKSONVILLE FL
32224

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:

CARL HAYMAN
Name

3850 VICKERS LAKE DR
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE FL 32224
City, State, and Zip

12 OCT 12 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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..

Carl Hayman
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CARL LAYMAN
3850 VICKERS LAKE DR

MGRM

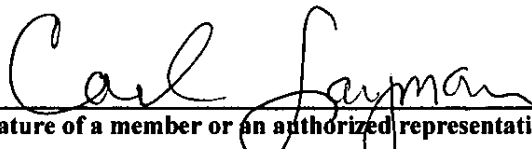
MICHAEL LAYMAN
1023 WELLESLEY CREST DR
WOODSTOCK GA 30189

(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.)

CARL LAYMAN
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 12 PM 4:27

APPROVED
AND
FILED

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)