

L13000018553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

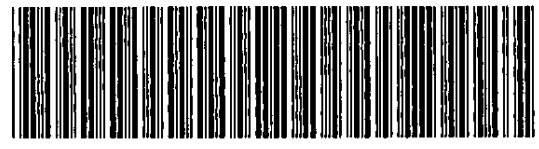
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 FEB - 4 PM 4: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB - 5 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BDG LANDS, 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:

Robert R. Crittenden, Attorney at Law

Name of Person

Crittenden & Crittenden, P.A.

Firm/Company

P. O. Box 152

Address

Winter Haven, Florida 33882-0152

City/State and Zip Code

gwmann@verizon.net

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

For further information concerning this matter, please call:

Robert R. Crittenden or Peggy Lawless at (863) 293-2161
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BDG LANDS, 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:

Mailing Address:

816 South Drive
Polk City, Florida 33868-9734

816 South Drive
Polk City, Florida 33868-9734

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:

GEORGE W. MANN III

Name

816 South Drive

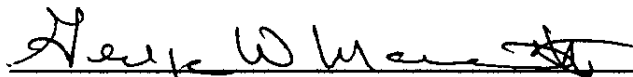
Florida street address (P.O. Box **NOT** acceptable)

Polk City FL 33868-9734

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)
George W. Mann III

(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

MGRM

Name and Address:

George W. Mann III, individually and as Co-Trustee
of The Mann Revocable Trust dated August 1, 2007
816 South Drive
Polk City, FL 33868-9734

MEMBER

Joan F. Mann, as Co-Trustee of The Mann Revocable
Trust dated August 1, 2007
816 South Drive
Polk City, FL 33868-9734

MEMBER

James Douglas Mann and his wife, Douglas Dabney
Mann
111 Lancaster Drive
Franklin, TN 37064

MEMBER

Barbara Louise Moore, Trustee of The Barbara Louise
Moore Revocable Trust dated 10/6/2004
48 Vally Way Circle
Huntsville, AL 35802

(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.)

GEORGE W. MANN III

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)