# 13000020385

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
·	•	,
(Doc	ument Number)	· - · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900244370239

02/07/13--01020--028 \*\*155.00

2013 FEB -7 MILLINGSEGRETARY OF STATE

FEB - 8 2013

### **COVER LETTER**

TO: **Registration Section Division of Corporations** Culbertson Family, 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: Charles S. Liberis Name of Person Liberis Law Firm Firm/Company 212 W. Intendencia St. Address Pensacola, FL 32502 City/State and Zip Code cliberis@liberislaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cathy Reynolds Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **□\$125.00** Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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:	
Culbertson Family, LLC		
	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address;		
The mailing address and street address of the	e principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
6350 Pensacola Blvd	6350 Pensacola Blvd	
Pensacola, FL 32505	Pensacola, FL 32505	
212 W. Intendencia St.	t address (P.O. Box <u>NOT</u> acceptable)	2013 FEB - 7 MIL 17 SEGRETARY OF STATE FALLAHASSEE, FLORIDA
City	, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this call statutes relating to the proper and compand accept the obligations of my position at Registered Agent's Si	in this certificate, I hereby accept to pacity. I further agree to comply w plete performance of my duties, and	the appointment as with the provisions of d I am familiar with

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	M. Warren Culbertson	
	6350 Pensacola Blvd.	
	Pensacola, FL 32505	
<del> </del>		
LE V: Effective date, if other than th	ne date of filing:	
LE V: Effective date, if other than the ffective date is listed, the date must	ne date of filing:st be specific and cannot be more th	
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)		
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:		nan five busines
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member o	st be specific and cannot be more the	nan five busines.  mber.  is document therein are true.
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member o	over or an authorized representative of a men 08.408(3), Florida Statutes, the execution of this er the penalties of perjury that the facts stated is rmation submitted in a document to the Department of the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of penalties	mber. is document therein are true. ment of State
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member o	per or an authorized representative of a men 08.408(3), Florida Statutes, the execution of this er the penalties of perjury that the facts stated is mation submitted in a document to the Departmy as provided for in s.817.155, F.S.)	mber. is document therein are true. ment of State
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may false information under the constitutes an affirmation under the constitutes a third degree felor of the member	over or an authorized representative of a men 08.408(3), Florida Statutes, the execution of this er the penalties of perjury that the facts stated is rmation submitted in a document to the Department of the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of penalties	mber. is document therein are true. ment of State
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member o	over or an authorized representative of a men 08.408(3), Florida Statutes, the execution of this er the penalties of perjury that the facts stated is rmation submitted in a document to the Department of the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of perjury that the facts stated is the penalties of penalties	nan five busines.  mber.  is document therein are true.
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a master that any false information under the degree felomation of the member of the mem	per or an authorized representative of a men authorized representative of a men as 408.408(3), Florida Statutes, the execution of this er the penalties of perjury that the facts stated is mation submitted in a document to the Departmy as provided for in s.817.155, F.S.)  Typed or printed name of signee	mber. is document herein are true. ment of State  SEGRETARY
ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor  M. Warren Culbertson  Filling Fees:	per or an authorized representative of a men authorized representative of a men as 408.408(3), Florida Statutes, the execution of this er the penalties of perjury that the facts stated is mation submitted in a document to the Departmy as provided for in s.817.155, F.S.)  Typed or printed name of signee	mber. is document herein are true. ment of State