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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

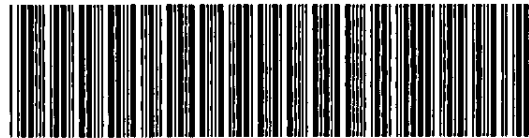
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TALLAHASSEE, FLORIDA



BACH & JACOBS, P.A.

240 Pineapple Avenue, Suite 700
Sarasota, FL 34236
Phone: 941-906-1231
Fax: 941-954-1185
www.bachjacobs.com

April 1, 2013

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Otter Cabin, LLC

Dear Sir or Madam:

Enclosed please find the original and a copy of the following documents for filing:

1. Original and one copy of Cover Letter with Articles of Organization of Otter Cabin, LLC;
2. Check #6857 in the amount of \$125.00 payable to Division of Corporation for the filing fees.

Please and stamp the copies and return the copies to my office as soon as possible in the self addressed stamped envelope enclosed for your convenience.

If you have any questions or require any additional information or documentation, please do not hesitate to contact me.

Sincerely,

Fredric C. Jacobs

FCJ:ikm
Enclosures

cc: Babette B. Bach, Esq., w/o copies of enclosures
Rob Patten, w/copies of enclosures, via email
Jonathan Miller, w/copies of enclosures, via email
Julie Morris, w/copies of enclosures, via email

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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Otter Cabin, 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:

Fredric C. Jacobs, Esq.

Name of Person

Bach & Jacobs, PA

Firm/Company

240 Pineapple Avenue, Suite 700

Address

Sarasota, FL 34236

City/State and Zip Code

fred@sarasotaelderlaw.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Fredric C. Jacobs, Esq. at **(941) 906-1231**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Otter Cabin, 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:

240 Pineapple Avenue, Suite 700
Sarasota, FL 34236

Mailing Address:

240 Pineapple Avenue, Suite 700
Sarasota, FL 34236

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:

Babette B. Bach, Esq.

Name

240 Pineapple Avenue, Suite 700

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

Sarasota FL 34236

City, State, and Zip

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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Babette B. Bach
1701 Hawthorne Street
Sarasota, FL 34239

MGRM

Robert B. Patten
1701 Hawthorne Street
Sarasota, FL 34239

MGRM

Jonathan Miller
4535 45th Court
Sarasota, FL 34234

MGRM

Julie Morris
4535 45th Court
Sarasota, FL 34234

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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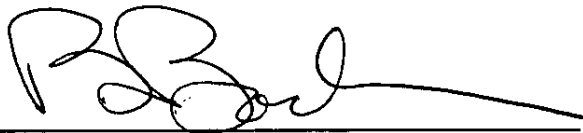
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(Use attachment if necessary)

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.)

Babette B. Bach

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)

(850) 245-6051:

COVER LETTER

COPY

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Division of Corporations**

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