

2013 OCT 11 09:44 TRIAD

L13000144088

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 11 AM 8:32

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Pan Handle Developers Group, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Resubmission

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Corporate Filing Menu

Help

(850) 243-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pan Handle Developers Group, 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:

Virginia S. Eden, Paralegal

Name of Person

Smith, Gambrell & Russell, LLP

Firm/Company

1230 Peachtree Street, N.E., Suite 3100

Address

Atlanta, GA 30309

City/State and Zip Code

veden@sgrlaw.com

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

For further information concerning this matter, please call:

Virginia Eden

Name of Person

404

815-3506

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

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October 11, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRIAD PROFESSIONAL SERVICES

SUBJECT: PAN HANDEL DEVELOPERS GROUP, LLC
REF: W13000056702

HANDLE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Article IV is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H13000226120
Letter Number: 813A00023894

RECEIVED
13 OCT 11 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pan Handle Developers Group, 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:1230 Peachtree Street, N.E., Suite 3100
Atlanta, GA 30309**Mailing Address:**1230 Peachtree Street, N.E., Suite 3100
Atlanta, GA 30309**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:

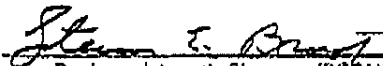
Steven E. Brust, Esq.

Name

Smith, Gambrell & Russell, LLP, 50 N. Laura Street, Suite 2800Florida street address (P.O. Box **NOT** acceptable)JacksonvilleFL 32202

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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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

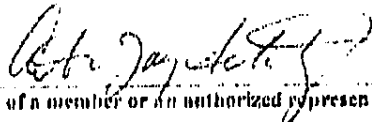
"MGR" = Manager

"MORM" = Managing Member

Name and Address:MGRMMichael Sobik8813 Saint Andrews DriveSandestin, FL 32550MGRMDean Dorminey1883 Al Roberts RoadSenola, GA 30276MGRMRusty Skalia300 Wesleyan AvenueAlbany, GA 31721MGRMJohn Phillips878 Burntleaf LaneTallahassee, FL 32310

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.817.135, F.S.)

Arthur Jay Schwartz, Authorized representative of a member
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)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Article IV – Manager(s) or Managing Member(s) – Continued List

Title:	Name and Address:
MGRM	Ronnie McKinney 317 E. State Line South Fulton, TN 38257