

L 14 000 1 07696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

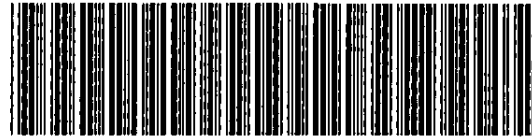
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE FL 32399

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9/11/14 718114

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R-Cabana 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:

Jennifer M. Jones

Name of Person

Greensfelder, Hemker & Gale, P.C.

Firm/Company

10 South Broadway, Suite 2000

Address

St. Louis, MO 63102

City/State and Zip Code

skip.herndon@herndonproducts.com

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

For further information concerning this matter, please call:

Jennifer M. Jones

Name of Person

at (314) 345-4709

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



Greensfelder, Hemker & Gale, P.C.
10 South Broadway, Ste. 2000
St. Louis, MO 63102

T: 314-241-9090
F: 314-241-8624
www.greensfelder.com

Chicago Office:
200 West Madison St., Ste. 2700
Chicago, IL 60606
T: 312-419-9090

Belleville Office:
12 Wolf Creek Dr., Ste. 100
Belleville, IL 62226
T: 618-257-7308

JENNIFER M. JONES
DIRECT PHONE 314.345.4709
EMAIL: JMJ@GREENSFELDER.COM

July 3, 2014

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

Re: R-Cabana Properties, LLC

Dear Sir or Madam:

Enclosed for filing in the Florida records are articles of organization for R-Cabana Properties, LLC. We have provided a check in the amount of \$125.00 for the filing fee.

Please let us know if you need anything else.

Yours very truly,

GREENSFELDER, HEMKER & GALE, P.C.

By

A handwritten signature in cursive script that reads "Jennifer M. Jones".
Jennifer M. Jones
Paralegal

Enclosures

44403-020
1487048

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R-Cabana 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:

Mailing Address:

2047 Waters Edge Court
Lake Saint Louis, MO 63367-2099

2047 Waters Edge Court
Lake Saint Louis, MO 63367-2099

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL

33324

City

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 605, F.S..

C T Corporation System

By: SEE ATTACHED

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation, FL 33324

City/State/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 605, Florida Statutes.

Katherine Lackey

(Signature)

Katherine Lackey, Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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ALLAHSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Craig A. Hemdon

2047 Waters Edge Court

Lake Saint Louis, MO 63367-2099

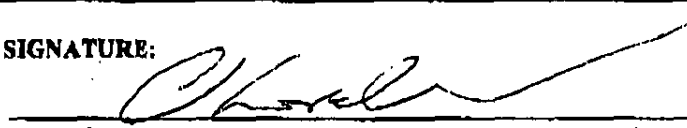
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


 Signature of a member or an authorized representative of a member.
 (In accordance with section 605.0203 (1) (b), 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.)

Craig A. Hemdon

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)

SECRETARY OF STATE
 ALL AMENDED FLORIDA

14 JUL -8 AM 11:10

FILED