

L14000125151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

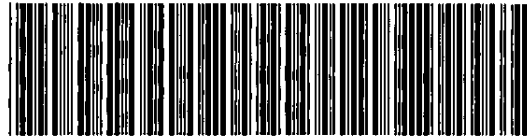
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Happy Sea Oaks Campers 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:

John Patberg  
Name of Person

Happy Sea Oaks Campers LLC.  
Firm/Company

1800 N Orchid Island Circle  
Address

Vero Beach, FL 32963  
City/State and Zip Code

johnp@growthgroup.biz  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Patberg at ( 609 ) 924-2612  
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

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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

AMBR

**Name and Address:**

John Patberg  
1800 N Orchid Island Circle  
Vero Beach, FL 32963

AMBR

Nicholas D.N. Harvey Jr.  
8725 Lakeside Blvd  
Vero Beach, FL 32963

AMBR

John R. Parker Sr.  
8835 E Orchid Island Circle  
Vero Beach, FL 32963

AMBR

Jeffrey Wilson  
8885 W Orchid Island Circle  
Vero Beach, FL 32963

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 31, 2014 (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.)

John Patberg

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)**

14 AUG 11 AM 11:42  
STATE OF FLORIDA  
DEPARTMENT OF STATE