

L14 000162170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

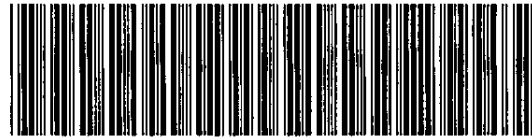
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

OCT 17 2014

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JASON C. ODOM, LLC

Attorney at Law
110 East 15th Street
Anniston, Alabama 36201-3802

Telephone (256)238-6005
Facsimile (256)238-0181

ALSO ADMITTED IN
GEORGIA, FLORIDA & TEXAS

Jcodom@odomlegal.com

October 9, 2014

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

Re: LLC Registration
Grand Reserve Golf II, LLC

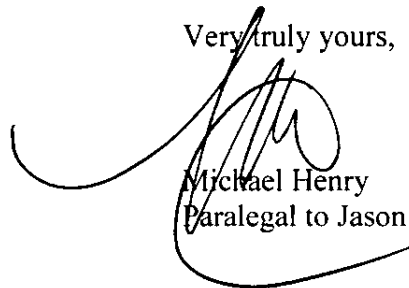
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Dear Sir or Madam:

Enclosed, please find the original and a copy of Articles of for Grand Reserve Golf II, LLC. Along with the articles I have enclosed a check in the amount of \$160 for filing, issuing a certificate of status and providing a certified copy of the Articles of Organization once filed. I have also included a self addressed stamped envelope for your convenience to return the Certificate of Status and certified copy of the Articles of Organization once filed to me.

If you need any additional information or documentation, please feel free to contact me.

Very truly yours,


Michael Henry
Paralegal to Jason C. Odom

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grand Reserve Golf II, 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 Michael Pullen, II
Name of Person

Grand Reserve Golf II, LLC
Firm/Company

180 Fonseca Drive
Address

St. Augustine, Florida 32086
City/State and Zip Code

mpullen@capstonegolf.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Michael Pullen, II at (904) 753-0541
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grand Reserve Golf II, 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:

400 Grand Reserve Drive
Bunnell, FL 32110

400 Grand Reserve Drive
Bunnell, FL 32110

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:

John Michael Pullen, II

Name

180 Fonseca Drive

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

St. Augustine

City

FL 32086

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:
John Michael Pullen, II
180 Fonseca Drive
St. Augustine, FL 32086

AMBR

Karton Lance Taylor
1361 Evans Bridge Road
Heflin, Alabama 36264

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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.)

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 Michael Pullen, II
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)