

L14000168320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 OCT 29 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~14 OCT 29 2014~~

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# Robert Hale Real Estate

*Since 1977*

## LOUISIANA OFFICE:

Houma, LA 70360  
Phone: (985) 876-5450  
Cell: (985) 804-7525

## ALABAMA OFFICE:

29793 Ono Blvd.  
Orange Beach, AL 36561

Cell: (985) 804-7525

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Sales • Development • Management • Consultant

State of Florida Secretary of State  
P.O.Box 6327  
Tallahassee, Florida 32314

10/10/14

Att:Division of Corp-New LLC filing

Dear Sirs;

Enclosed please find a new LLC filing and the required \$125.00 fee. Please process as soon as practical and return same to me at 29793 Ono Blvd, Orange Beach, Alabama 36561.

Thank you, in advance, for your completion hereof.

Sincerely,

  
Robert L. Hale III



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2014

ROBERT L HALE  
29793 ONO BLVD  
ORANGE BEACH, AL 36561

SUBJECT: PERDIDO KEY WATERSPORTS, LLC  
Ref. Number: W14000063221

We have received your document for PERDIDO KEY WATERSPORTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of organization must be prepared in compliance with section 605.0201, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 514A00022240

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERDIDO KEY WATERSPORTS, 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:

!\$\$) River Road  
Pensacola, Florida 32507

Mailing Address:

14140 River Road  
Pensacola, Florida 32507

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

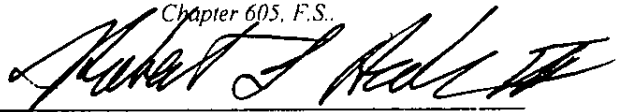
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Robert L. Hale III  
Name  
14140 River Road  
Florida street address (P.O. Box NOT acceptable)  
Pensacola, Florida 32507  
City Zip

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*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)

**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:**  
Robert L. Hale III  
14140 River Road  
Pensacola, Florida 32507

AMBR

Thomas A. Hale  
31210 Pine Run Drive  
Orange Beach, Alabama 36561

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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(Use attachment if necessary)

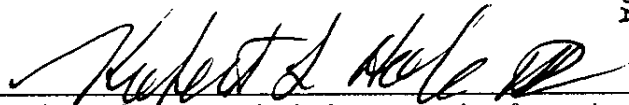
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**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.)

Robert L. Hale III

\_\_\_\_\_  
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)