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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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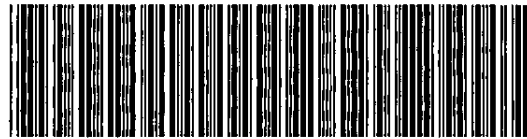
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2014

DELOACH & PETERSON PA
PO BOX 428
NEW SMYRNA BEACH, FL 32170

SUBJECT: BATTLE ISLAND ADVENTURE CLUB, LLC
Ref. Number: W14000065957

We have received your document for BATTLE ISLAND ADVENTURE CLUB, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00023220

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TALLAHASSEE, FLORIDA

DeLoach & Peterson, P.A.

ATTORNEYS AT LAW

J. BOYD DELOACH
SID C. PETERSON II
PHILIP B. PETERSON
JAMES C. PETERSON

JAMES R. PROVENCHER
OF COUNSEL



418 CANAL STREET
POST OFFICE BOX 428
NEW SMYRNA BEACH, FL 32170
(386) 428-2464
FAX (386) 423-9967

October 15, 2014

FLORIDA DEPARTMENT OF STATE

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Battle Island Adventure Club, LLC

Dear Sirs:

Enclosed please find Articles of Organization, along with a copy of same concerning the above-referenced limited liability company. I have also enclosed a check in the amount of \$125.00 for your various filing fees.

Please return a conformed copy of the Articles of Organization to this office.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James C. Peterson".
JAMES C. PETERSON

JCP/cmr
Enclosures

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TALLAHASSEE, FL 32301

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**ARTICLES OF ORGANIZATION
OF
BATTLE ISLAND ADVENTURE CLUB, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I
NAME**

The name of the limited liability company shall be **BATTLE ISLAND ADVENTURE CLUB, LLC** ("Company").

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company is 340 Windhaven Lane, New Smyrna Beach, Florida 32168.

**ARTICLE III
DURATION**

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the regulations.

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

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

CYNTHIA J. McCALLISTER
340 Windhaven Lane
New Smyrna Beach, Florida 32168

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ARTICLE V
MANAGEMENT

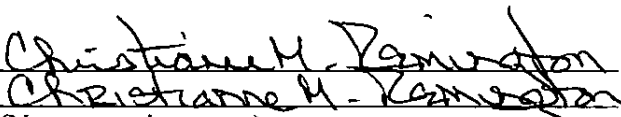
The Company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager of the Company are:

CYNTHIA J. McCALLISTER
340 Windhaven Lane
New Smyrna Beach, Florida 32168

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at New Smyrna Beach, Volusia County, Florida, on this 5th day of October, 2014.


CYNTHIA J. McCALLISTER

BEFORE ME, a Notary Public, personally appeared, **CYNTHIA J. McCALLISTER**, who is personally known to me who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to these Articles of Organization on this 5th day of October, 2014.


(Notary - print name)
Notary Public - State of Florida
Commission No.:
My Commission Expires:



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TALLAHASSEE, FLORIDA

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

Under the provisions of F.S. 605.0113, **BATTLE ISLAND ADVENTURE CLUB, LLC**, submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is **BATTLE ISLAND ADVENTURE CLUB, LLC**
2. The name and street address of the registered agent in Florida are:

CYNTHIA J. McCALLISTER
340 Windhaven Lane
New Smyrna Beach, Florida 32168

The undersigned, being the person named in the Articles of Organization of **BATTLE ISLAND ADVENTURE CLUB, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position of registered agent.


CYNTHIA J. McCALLISTER, Registered Agent

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TALLAHASSEE, FLORIDA