# 114000192525

	•
(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:	

Office Use Only



900267386009

12/15/14--01043--001 \*\*155.00

14 DEC 15 PM 1: 1.1
SECKETARY OF STATE
TALLAHASSEE, FLORID

T Burch [FC-] 8 2014

# T. BRENT JENKINS, P.A.

Attorney at Law 1414 W. Granada Blvd., Suite 2 Ormond Beach, Florida 32174

T. Brent Jenkins, LL.M.

Telephone: (386) 672-1332 Facsimile: (386) 672-1333

Estate Planning, Probate & Taxation Real Estate – Title Insurance

Email: TBJenkinsPA@aol.com

December 10, 2014

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

ATTENTION: LLCs

Re: Dockside Vacations, LLC

Dear Sirs:

Enclosed herewith, please find the original and copy of proposed Articles of Organization of the above named limited liability company and check to the Department of State to cover the following items:

1. Filing fee	\$ 100.00
2. Registered Agent Filing fee	\$ 25.00
3. Certified copy of Articles	<u>\$ 30.00</u>
Total	\$ 155.00

Would you please file these Articles of Organization and return a certified copy to me at your earliest convenience.

Sincerely your

T. Brent Jenkins

TBJ:cf Enclosures

# ARTICLES OF ORGANIZATION OF DOCKSIDE VACATIONS, L.L.C.

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

#### Article I - Name

The name of the liability Company shall be: DOCKSIDE VACATIONS, L.L.C.

#### Article II - Address

The mailing address and street address of the principal office of the company is: 21701 N. E. 136<sup>th</sup> Street, Salt Springs, FL 32134.

### Article III - Duration

The company shall have perpetual existence.

## Article IV - Registered Office and Agent

The name and street address of the registered office and registered agent's are:

Kasey Davis 21701 N. E. 136<sup>th</sup> Street Salt Springs, FL 32134

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.

Kasey Davis
Registered Agent

Kasey Davis

Sworn to and subscribed before me this 10th day of December, 2014, by Kasey Davis, who produced a driver's license as identification.

Notary Public, State of Florida My Commission expires:



SECRETARY OF STATE