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· (Requestor's Name)	
(Address)	
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PICK-UP WAIT M	AIL
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SECRETARY OF STATE
SECRETARY OF STATE

JAN 16 2015 3. BRUCE

COVER LETTER

TO:

Registration Section

- Division of C	Corporations			
. SUBJECT: <u>Destin</u>	Carts LLC			
		nited Liability Company		
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.		
Please return all corre	spondence concerning this m	natter to the following:		
<u>James W</u>	/. Grimsley			
		Name of Person		
Anchors	Smith Grimsley, P.L.			
		Firm/Company		
<u>909 Mar</u>	Walt Drive Suite 10			
		Address		22
Fort Walt	on Beach, Florida 32547	" JS() = 12" O 1	250 250 250	2015 JAN
_irogers@asgleg	ial.com	City/State and Zip Code	NEXT YEAR	-6
•	E-mail address: (to be use	d for future annual report notifica	, , , , , , , , , , , , , , , , , , ,	
For further informatio	n concerning this matter, plea	ase call:	STALE LORIDA	AH II: 42
James W. Grimsley Nan	at (lephone Number	
			•	
Enclosed is a check for	r the following amount:			
☑ \$125.00 Fifing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is en	s &
-	iling Address	Street/Courier Add	ress	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Destin Carts, LLC	ted Liability Company, "L.L.C.," or "Ll	. C ")		
(Must end with the words "Limi	ned Liability Company, L.L.C., or Li	LC.)		
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Compa	ny is:		
Principal Office Address:	Mailing Address:			
280 Ketch Court	280 Ketch Court			
Destin, FL 32541	Destin, FL 32541			
909 Mar Walt Drive Suite Florida street address (P.O.)	wn Registered Agent. You must designation.) ered agent are: mme	ate an IALLAHASSEE FLORID	5 2015 JAN -6 AM 11:42	
Fort Walton Beach	FL 32547	<i>™</i>	~	
City Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	scept the appointment as registered agent ons of all statutes relating to the proper a	t and agree to and complete p	act in perforn	this nance

Page 1 of 2

(CONTINUED)

<u>Title:</u>		me and Address:	
"AMBR" = Authorize	d Member		
"MGR" = Manager			
MGR/AMBR		y P. Coppic	
	<u>28</u>	0 Ketch Court	
	De	estin, FL 32541	
_AMBR	lo	seph F. Godar	
ALIDIN	- <u>30</u> 77	10 Mitchell Park Drive	
	Cl	eves, OH 45002	· · · · · · · · · · · · · · · · · · ·
		0.00.011-10002	
			
			
Sective date is listed, the of filing.)	other than the date of filing: <u>N//</u> e date must be specific and car	(OPTI	ONAL) prior to or 90 days
LE V: Effective date, if fective date, if	other than the date of filing: <u>N//</u> e date must be specific and car , if any.	(OPTI	ONAL) prior to or 90 days
LE V: Effective date, if fective date is listed, the of filing.) LE VI: Other provision.	other than the date of filing: <u>N//</u> e date must be specific and car , if any.	(OPTI nnot be more than five business days	ONAL) prior to or 90 days
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