

L15000024471

(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:

W15-3834

Office Use Only



800267467378

01/07/15--01009--010 **130.00

FILED
2015 FEB -2 PM 12:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 10 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2015

SANDE THOMAS
PO BOX 7456
PANAMA CITY BEACH, FL 32413

SUBJECT: SKGB FAMILY TRUST LLC
Ref. Number: W15000003834

We have received your document for SKGB FAMILY TRUST LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 815A00001096

CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 FEB -2 PM 12:24

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKGB Family Trust 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:

P O Box 7456 PC Bch FL 32413

P O Box 7456 PC Bch FL 32413

600 E Gulf Blvd

PCB 32413

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:

Sande Thomas

Name

600 E Gulf Blvd

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

Panama City Beach

FL 32413

City

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.

Sande Thomas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2015 FEB -2 PM 12:24
CLERK OF STATE
TALLAHASSEE FLORIDA

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:

Sande Thomas

P O Box 7456

Panama City Beach FL 32413

Member

Kalli E. Hyatt

36 Trillium Cir, Apt 406

Dothan, AL 36301

Member - Minor

A. Gaige Parker

36 Trillium Cir, Apt 406

Dothan, AL 36301

Member - Minor

Bailee E. Hyatt

36 Trillium Cir, Apt 406

Dothan, AL 36301

(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.

This is a Family Trust for the Purpose of Real Estate Investments and all property considered
otherwise as Probate in the State of Florida

REQUIRED SIGNATURE:

Sande Thomas

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.)

Sande Thomas

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)

FILED
2015 FEB -2 PM 12:24
CLERK OF STATE
TALLAHASSEE FLORIDA