

L15000046519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

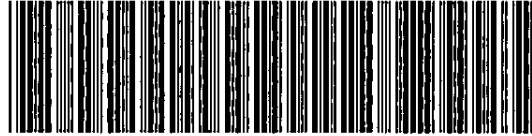
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300268408403

01/20/15--01053--020 \*\*125.00

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15 MAR -6 AM 10:00

MAR 16 2015  
J. HARRIS

2015 MAR -6 AM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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300268408403

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE CONDO CURE, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC HOWELL  
Name of Person

HSG ACCOUNTING  
Firm/Company

2012 LIENBY AVE. SUITE A  
Address

PANAMA CITY, FL 32405  
City/State and Zip Code

ERIC@HSGACCOUNTING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC HOWELL at ( 850 ) 215-3093  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2015

ERIC HOWELL  
HSG ACCOUNTING  
2012 LIENBY AVE, SUITE A  
PANAMA CITY, FL 32405

SUBJECT: THE CONDO CURE, LLC  
Ref. Number: W15000007353

We have received your document for THE CONDO CURE, 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 20, 2015. Please amend your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 415A00002055

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2015 MAR -6 AM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Condo Cure LLC  
DBA Barefoot Beach Rentals of Panama City Beach  
10517 Front Beach Road  
Unit #105  
Panama City Beach, FL 32407

1/6/2014

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

To whom it may concern:

There is no intention of revoking the dissolution of The Condo Cure LLC, document number L07000123199.

Thank you,



Maureen Nieland  
Managing Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE CONDO CURE, 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:

10517 FRONT BEACH RD. #105  
PANAMA CITY BEACH, FL 32407

10517 FRONT BEACH RD. #105  
PANAMA CITY BEACH, FL 32407

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.)

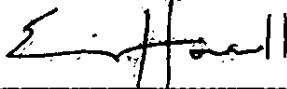
The name and the Florida street address of the registered agent are:

HSG ACCOUNTING  
Name

2012 LISEBY AVE. SUITE A  
Florida street address (P.O. Box **NOT** acceptable)

PANAMA CITY FL 32405  
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.*



\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

**Name and Address:**

MAUREEN NIELAND

10517 FRONT BEACH RD. #105

PANAMA CITY BEACH, FL 32407

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

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

**REQUIRED SIGNATURE:**

Maureen Nieland

**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.)

MAUREEN NIELAND

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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