

L15000068241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

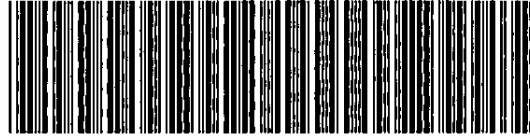
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Norm D. Fugate

Board Certified Attorney

- Real Estate Law
- City, County and Local Government Law

Woodroe Blake Fugate

Associate Attorney

Norm D. Fugate, P.A.

A Law Firm

April 1, 2015

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

SUBJECT: HAVEN ISLE, LLC.

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norm D. Fugate
Norm D. Fugate, P.A.
Post Office Box 98
Williston, FL 32696

E-mail address (to be used for future annual report notification): norm@normdfugatepa.com

For further information concerning this matter, please call:

Norm D. Fugate at (352) 528-0019

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

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

**ARTICLES OF ORGANIZATION
OF
HAVEN ISLE, LLC.**

ARTICLE I – NAME

The name of the limited liability company is Haven Isle, LLC., ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
582 2nd Street
Cedar Key, Florida 32625

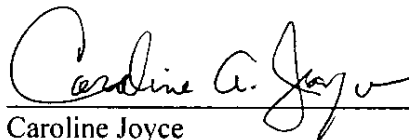
Mailing Address:
Post Office Box 670
Cedar Key, Florida 32625

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Caroline Joyce
582 2nd Street
Cedar Key, Florida 32625

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.


Caroline Joyce

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGER OR MEMBER

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Name and Address:

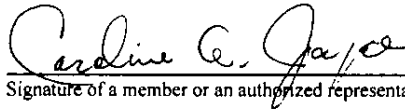
Caroline Joyce
582 2nd Street
Cedar Key, Florida 32625

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Caroline Joyce

Typed or printed name of signee