

L15000198231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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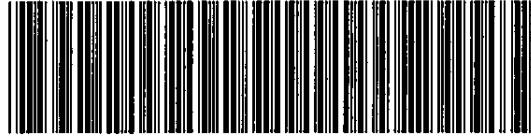
(Business Entity Name)

(Document Number)

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Johnson, Smith, Hibbard & Wildman

LAW FIRM, L.L.P.

MILTON A. SMITH
Retired

DONALD B. WILDMAN
DOUG SMITH
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EDWIN W. JOHNSON (1904-1979)
PAUL R. HIBBARD (1941-2004)

JOSHUA O.C. LONON
HOWARD R. KINARD
REID WILDMAN^
DANIEL A. CRAIG
^ also admitted in North Carolina

Sender's E-Mail Address:
mtrotter@jshwlaw.com

November 13, 2015

VIA FEDERAL EXPRESS – 850-245-6052

New Filing Section/Clifton Building
Florida Secretary of State's Office
Attn: Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301


RE: FX Leisure, LLC
JSHW File No. 215311

To Whom It May Concern:

Please find enclosed two (2) copies of the Cover Letter, the Articles of Organization for *FX Leisure, LLC*, along with a check in the amount of \$125.00 to cover the **filing fee** regarding the above-referenced matter. Please return the filed document in the enclosed self-addressed, stamped envelope.

If you have any questions, please contact us immediately. Your assistance is greatly appreciated.

Sincerely,



Marje Trotter
Legal Assistant to Howard R. Kinard

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FX Leisure, 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:

Howard R. Kinard

Name of Person

Johnson, Smith, Hibbard & Wildman Law Firm

Firm/Company

P.O. Drawer 5587

Address

Spartanburg, SC

City/State and Zip Code

stuart@fxleisure.co.uk

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Taylor

864

457-5401

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FX Leisure, 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:

2921 N. Pacolet Road

Landrum, SC 29356

Mailing Address:

2921 N. Pacolet Road

Landrum, SC 29356

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee, FL 32301

City

State

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.

Corporation Service Company

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Alan Taylor

2921 N. Pacolet Rd.

Landrum, SC 29356

AMBR

Stuart Taylor

2921 N. Pacolet Rd.

Landrum, SC 29356

AMBR

Andrew Taylor

2921 N. Pacolet Rd.

Landrum, SC 29356

(Use attachment if necessary)

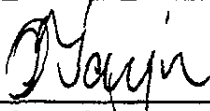
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

A. TAYLOR

Typed or printed name of signer

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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