

L160000026903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

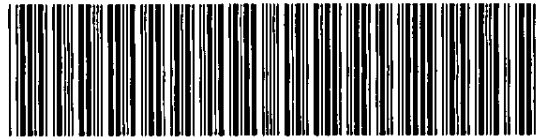
(Business Entity Name)

(Document Number)

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02/10/16--01001--010 **160.00

EFFECTIVE DATE

2-10-16

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T. PROADA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Panacea Area Oyster Co.Op.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:

Tim Jordan

Name of Person

Panacea Area Oyster Co.Op.LLC

Firm/Company

58 Jer-Bc-Lou Blvd.

Address

Panacea , Fl. 32346

City/State and Zip Code

tim@sauceyladyoysters.com

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

For further information concerning this matter, please call:

Tim Jordan

850

567-9296

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Panacea Area Oyster ~~Co.~~ ^{Company} 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:

58 Jer-Be-Lou Blvd.

Panacea, FL 32346

Mailing Address:

P.O. Box 561

Panacea, FL 32346

EFFECTIVE DATE

2-10-16

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:

Tim Jordan

Name

42 Driftwood Dr.

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

Panacea

FL

32346

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.

Tim Jordan

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

MGR

Name and Address:

Tim Jordan

42 Driftwood Dr.

Panacea , Fl. 32346

MGR

Walter B. Dickson

97 N.Lake Ellen Ln.

Crawfordville , Fl. 32327

AMBR

Jerry Moore

369 Bottoms Rd.

Panacea , Fl. 32346

AMBR

Rob Owen

45 Walker Cr. Dr.

Crawfordville , Fl. 32327

(Use attachment if necessary)

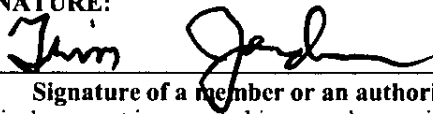
ARTICLE V: Effective date, if other than the date of filing: February 10 , 2016 . (OPTIONAL)

(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.

Tim Jordan

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)

Attachment To Articles Of Organization For Florida Limited Liability Company

ARTICLE IV

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

Title	Name and Adress
AMBR	Robert D. Seidler 367 Buckhorn Ck. Dr. Sopchoppy , Fl. 32358
AMBR	Joel Singletary 6 Jer-Be-Lou Blvd Panacea , Fl. 32346