1/6UU02989

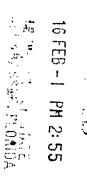
(Requestor	's Name)
(Address)	
(Address)	
(City/State	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	fficer:

Office Use Only



400281514194

02/01/16--01028--020 **160.00



FEB 1 2016 S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations	~\ .
SUBJECT: Zachary Taylor RV Resort Members Assn. L.	LC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rita Arnett President Name of Person	
Lachary Taylor RV Resort Members Assn. L	LC
2995 US HWY 441 SE Address	
OKECNOBER FL 34974 City/State and Zip Code	
ritaarnett @ amail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kita Arnett at 561, 254-2148	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	
Mailing Address Street Address	

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

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:

Zachary Ta (Musi End with	the words "Limited Liab	SOFT MEN Ility Company, "L.I		LLC
ARTICLE II - Address: The mailing address and street address	s of the principal office	of the Limited Liab	ility Company is:	
Principal Of 2995 USHWL Okeechobee, S AHN: Presi	Mice Address: 1441 SE FL 34974 dent	299 	Mailing Addres 5 US HWY 4 echobec, FL W: President	s: 141 <i>SE</i> 34974
ARTICLE III - Registered Agent, I (The Limited Liability Company cann another business entity with an active	not serve as its own Regi	gistered Agent's S stered Agent, You r	lignature: must designate an indiv	idual or
	RITA S Nar J995 US HU lorida street address (P.C. DKEECHOBEE City and to accept service of reby accept the appointm tons of all stututes relatingtions of my position as res Lucian Service of S	D. Arnettone y 441 SE D. Box NOT accept FL State process for the above ent as registered agent as process for the condition of the proper and gistered agent as process. D. O.	Zip Zip ve stated limited liability vent and agrec to act in complete performance ovided for in Chapter 60	this capacity. I of my duties, and I
	Registered /	Agent's Signature (REQUIRED)	
	(CC	ONTINUED) Page 1 of 2		16 FEB -1
				PH 2:56

Citle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR AMBR	Judith Burmeister 2995 US Huy 441 SE #134
AMBR	J. R. Monk 3995 US HWY 441 SE #148 OKECHODER FL 34974
MGR	Rita Arnett 2995 US HWY #441 SE #20 OKERCHOBER, FL 34974
Use attachment if necessary) EV: Effective date, if other than the da	te of filing: (OPTIONAL)
EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 96 meet the applicable statutory filing requirements, this date will no nt of State's records.
EV: Effective date, if other than the date tive date is listed, the date must be a filing.) the date inserted in this block does not nem's effective date on the Department.	specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the dactive date is listed, the date must be a filing.) the date inserted in this block does not ment's effective date on the Department's effective date on	meet the applicable statutory filing requirements, this date will not of State's records. Drubt member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Rita D. Amett
EV: Effective date, if other than the dactive date is listed, the date must be a filing.) the date inserted in this block does not ment's effective date on the Department's effective date on	meet the applicable statutory filing requirements, this date will not of State's records. Druct member or an authorized representative of a member. meter of an accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.