

L16000032476

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : 120040000104
Phone : (904) 366-1500
Fax Number : (904) 366-1501

16 FEB 16 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Sante Fe River Cabin LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sante Fe River Cabin 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:

K. Mac Bracewell, Jr.

Name of Person

Brennan, Manna, and Diamond, P.L.

Firm/Company

800 West Monroe Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

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

For further information concerning this matter, please call:

K. Mac Bracewell, Jr. at (904) 366-1500
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

FILED
16 FEB 16 PM 12:19

ARTICLE I - Name:

The name of the Limited Liability Company is:

Santa Fe River Cabin LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4482 N. Francis Road
St. Augustine, FL 32095

4482 N. Francis Road
St. Augustine, FL 32095

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:

K. Mac Bracewell, Jr.

Name

800 West Monroe Street

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

Jacksonville

Florida

32202

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Robert Dewell
8005 Hickory Street
New Orleans, LA 70118

MGR

Tom Sappington
23 Sheppard Street
Raleigh, NC 27607

MGR

C. Tucker Myrick, Jr.
2750 Alvarado Ave.
Jacksonville, FL 32217

MGR

Douglas A. Powers
4482 N. Francis Road
St. Augustine, FL 32095

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 2/9/16 (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.

K. Mac Bracewell, Jr., Authorized Representative
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SANTE FE RIVER CABIN LLC

ARTICLE IV CONTINUED

Title:

MGR

Name and Address:

Andrew A Sappington III
5131 Shore Drive
St. Augustine, FL 32086

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TALLAHASSEE FLORIDA