

**L160000034298**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000042078 3)))



H160000420783ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : BARRON, REDDING, HUGHES, FITE, BASSETT & PENSOM, P.A.  
Account Number : 073617000710  
Phone : (850) 785-7454  
Fax Number : (850) 785-2999

**\*\*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.  
SOUTHERN GIRLS REAL PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<b>\$125.00</b>

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

RECEIVED  
16 FEB 18 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
16 FEB 18 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No. H16000042078 3

**ARTICLES OF ORGANIZATION FOR  
SOUTHERN GIRLS REAL PROPERTIES LLC**

**ARTICLE I  
NAME**

The name of the limited liability company is SOUTHERN GIRLS REAL PROPERTIES LLC

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address  
3314 Chain Lakes Rd.  
Chipley, FL 32428

Mailing Address  
3314 Chain Lakes Rd.  
Chipley, FL 32428

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 FEB 18 PM 2:06

FILED

**ARTICLE III  
REGISTERED AGENT**

The name and Florida street address of the registered agent is Brian D. Leebrick, 220 McKenzie Avenue, Panama City, FL 32401.

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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 605, F.S.

  
Brian D. Leebrick

**ARTICLE IV  
MANAGER**

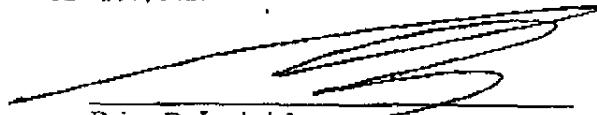
The name and address of the Manager is as follows:

Audree Warmack  
3314 Chain Lakes Rd.  
Chipley, FL 32428

Fax Audit No. H16000042078 3

Fax Audit No. H16000042078 3

*In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Secretary of State constitutes a third degree felony as provided for in Section 817.155, F.S.*



Brian D. Leebrick  
Authorized Agent

APPROVED  
AND  
FILED

16 FEB 18 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA