

L16000035701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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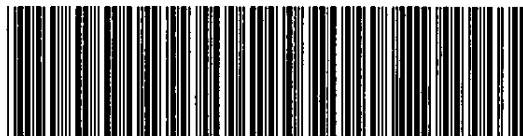
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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February 10, 2016

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

SUBJECT: SOUTHERN DIVIDENDS, LLC

Enclosed please find original Articles of SOUTHERN DIVIDENDS, LLC to be filed along with our firm check in the amount of \$160.00, to include the \$125.00 filing fee, \$30.00 certified copy of record fee and \$5.00 certificate of status fee.

I have also enclosed a stamped self-addressed envelope for return of the documents. Please return all correspondence concerning this matter to the following:

Law Office of J. Mark Fisher Attn: Miranda
181 Eglin Pkwy, NE
Fort Walton Beach, FL 32548

Sincerely,



MIRANDA SIMPSON YANCEY

MSY/tqr
Enc. – as stated

**ARTICLES OF ORGANIZATION OF
SOUTHERN DIVIDENDS, LLC**

ARTICLE I. Name

The name of the Limited Liability Company is **SOUTHERN DIVIDENDS, LLC**

ARTICLE II. Address

The mailing address and street address of the principal office of **SOUTHERN DIVIDENDS, LLC** is:

Principal Office Address:
4603 Ashland Way, Panama City, FL 32404

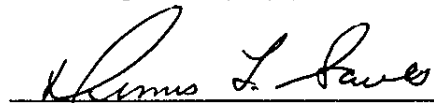
Mailing Address:
4603 Ashland Way, Panama City, FL 32404

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:

Dennis L. Sauls
4603 Ashland Way, Panama City, FL 32404

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.


Dennis L. Sauls

ARTICLE IV. Authorized Member(s) and Manager(s)

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

DENNIS L. SAULS
4603 Ashland Way, Panama City, FL 32404

AMBR

RUFUS D. SAULS
730 Crooked Lane, Panama City, FL 32309

AMBR

GREGORY S. SAULS

13820 Mashburn Road, Youngstown, FL 32466

AMBR

JOSEPH L. SAULS

17624 Lynn Street, Panama City Beach, FL 32413

AMBR

BARBARA JEAN R. SAULS

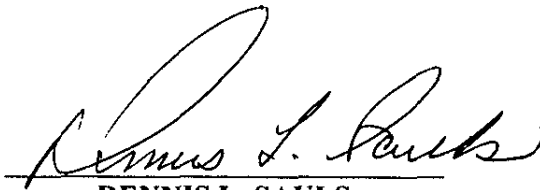
7990 Pop Street, Sneads, FL 32460

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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.)

REQUIRED SIGNATURE:

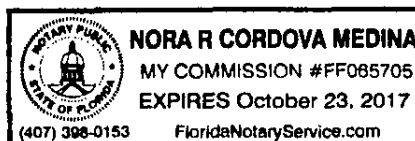

DENNIS L. SAULS

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**STATE OF FLORIDA
COUNTY OF BAY**

Sworn to and subscribed before me, by **DENNIS L. SAULS** on Feb 1st, 2014.


Notary Public



This Instrument prepared by:
J. Mark Fisher, Esq., 181 Eglin Pkwy, NE
Ft. Walton Beach, FL 32548
(850) 244-8989 or Toll Free 1-800-977-9733