L16000174654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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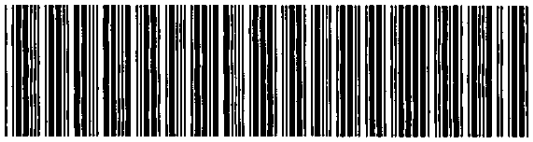

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2016 JUL 12 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LARRY T. GRIGGS
ATTORNEY AT LAW, P.A.

1301 PLANTATION ISLAND DRIVE SOUTH, SUITE 202B
ST. AUGUSTINE, FLORIDA 32080-3112

TELEPHONE (904) 471-5204
FAX (904) 460-7248
larry@larrygriggs.com

September 16, 2016

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Ref Number: W16000055398

Dear Sir or Madam:

Enclosed please find your letter of August 10, 2016 acknowledging receipt of the $125.00 fee but stating that the Articles of Organization were being returned for correction.

The correction required has been completed and enclosed are the corrected Articles of Organization for A & C Condo, LLC. I have been retained as the registered agent for the LLC.

Please advise if additional information is required.

Sincerely,

Larry T. Griggs

LTG/nlb
Enclosures: stated above
cc: M. Bogo

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2016

2016 JUL 12 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARCIA A. BOGO
100 TITLEIST WAY
HENDERSONVILLE, NC 28739

SUBJECT: A & C CONDO, LLC
Ref. Number: W16000055398

We have received your document for A & C CONDO, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 116A00016877

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & C CONDO, 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:

MARCIA A. BOGO
Name of Person

Firm/Company

100 TITLEIST WAY
Address

HENDERSONVILLE, NC 28739
City/State and Zip Code

HENDARLENE@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCIA A. BOGO at (828) 891-7373
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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
REQUIRED INFORMATION

2016 JUL 12 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – NAME:
The name of the Limited Liability Company is:

A & C CONDO, LLC

ARTICLE II – ADDRESS
The mailing address and street address of the principal office of the LLC is:

Principal Office Address:	Mailing Address:
400 La Travesia Flora, Unit 104	**100 Titleist Way**
St. Augustine, FL 32095	**Hendersonville, NC 28739**

ARTICLE III – REGISTERED AGENT:
The LLC cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.

Registered Agent / Entity	**Larry T. Griggs, Attorney At Law**
Street Address (No P.O. Boxes)	**1301 Plantation Island Drive, Suite 202B**
City / State / Zip	**St. Augustine, FL 32080-3112**

Having been named as registered agent and to accept service of process for the above stated LLC 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) _____
Larry T. Griggs

ARTICLE IV –
Name and address of each person authorized to manage and control the LLC:

Title: "AMBR= Authorized Member "MGR" = Manager	Name and Address:
AMBR	Barbara C. Ragan 11163 Quitman-Meridian Hwy Meridian, MS 39301
AMBR	Marcia A. Bogo 100 Titleist Way Hendersonville, NC 28739

ARTICLE V: Effective date, if other than the date of filing: _____
If an effective date is listed, the date must be specified and cannot be more than five business days 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:

Marcia A. Bogo

Signature of a member or an authorized representative of a member

(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.817.55, F.S.)

Marcia A. Bogo