

L16000186860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

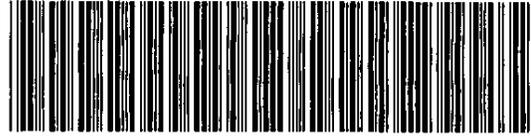
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2016 OCT -7 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Maddin Hauser Roth & Heller P.C.  
attorneys and counselors

CHARLES M. LAX, ESQ.  
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28400 Northwestern Highway Second Floor Southfield, MI 48034 1839 (248) 354 4030 fax (248) 354-1422 www.maddinhauser.com

September 30, 2016

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

2016 OCT -7 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed for filing are the following:

1. Application for Registration of Fictitious Name, which is being filed to cancel the fictitious name "Ragged Edge Resort". Please send the acknowledgment letter to:

Charles M. Lax, Esq.  
MADDIN HAUSER  
28400 Northwestern Highway, Second Floor  
Southfield, Michigan 48034-1839

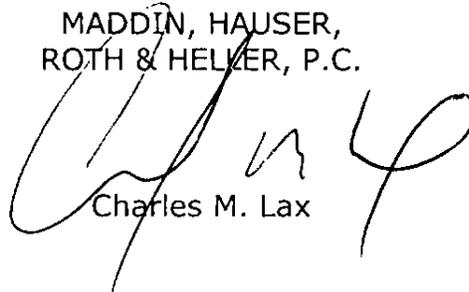
2. Cover Letter and Articles of Organization regarding the formation of a limited liability company to be known as "Ragged Edge Resort, LLC".

Also enclosed is our check in the amount of \$175.00 payable to the Florida Department of State.

Please do not hesitate to contact the undersigned if any questions should arise.

Very truly yours,

MADDIN, HAUSER,  
ROTH & HELLER, P.C.



Charles M. Lax

CML/dmg/1914062/14919-001  
Enclosures

cc: Rhonda K. Hulet (w/encs.)  
Scott M. Simmons (w/encs.)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ragged Edge Resort, 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:

**Charles M. Lax, Esq.**

Name of Person

**MADDIN, HAUSER, ROTH & HELLER, P.C.**

Firm/Company

**28400 Northwestern Highway, Second Floor**

Address

**Southfield, Michigan 48034-1839**

City/State and Zip Code

**scotts@bscpcpa.com**

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

For further information concerning this matter, please call:

**Charles M. Lax** at ( **248** ) **827-1877**  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ragged Edge Resort, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

243 Treasure Harbor Road  
Islamorada, Florida 33036

Same

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:

Rhonda K. Hulet  
Name

243 Treasure Harbor Road  
Florida street address (P.O. Box **NOT** acceptable)

Islamorada                      Florida                      33036  
City                                      State                                      Zip

SECRETARY OF STATE  
FALL HARBOR, FLORIDA  
2016 OCT -7 AM 9:02

*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..*

Rhonda K Hulet 9-28-16  
Registered Agent's Signature (REQUIRED)  
RHONDA K. HULET

(CONTINUED)

**ARTICLE IV-**

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

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

**Name and Address:**  
James M. Hulet Trust dated October 27, 2006  
243 Treasure Harbor Road  
Islamorada, Florida 33036

MGR

Rhonda K. Hulet  
243 Treasure Harbor Road  
Islamorada, Florida 33036

MGR

Scott M. Simmons  
10 S. Main Street, Suite 104  
Mt. Clemens, Michigan 48043

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FALL HARBOR, FL  
OCT 28 2006

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(Use attachment if necessary)

**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.)

**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:**

*Rhonda K Hulet* 9-28-16

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.

**RHONDA K. HULET, Co-Trustee of the James L. Hulet Trust dated 10/27/2006**

Typed or printed name of signee

**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)