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SECULTARY OF STATE

17 MAR - 6 AM 10: 53



C. GOLDEN MAR - 6 2017

### **COVER LETTER**

FILED STATE
SECRETARY OF STATE
STATE OF CORPORATIONS
STATE
S

TO: New Filing Section
Division of Corporations

SUBJECT:	PEBBLE BROOKS FLORIDA, LLC
	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
1	Frances Casey Lowe
_	Name of Person
•	Guilday, Simpson, West, Hatch, Lowe & Roane, P.A.
_	Firm/Company
,	68-A Feli Way
_	Address
!	Crawfordville, Florida 32327
-	City/State and Zip Code
	rancie@francielowe.com
	E-mail address: (to be used for future annual report notification)
For further int	formation concerning this matter, please call:
ń	Michelle Maloni 850 926-8245
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	

# **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



SECRETARY OF STATE OF COMPORATIONS

# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2017

FRANCES CASEY LOWE GUILDAY, SIMPSON, WEST, HATCH, ET. AL.

SUBJECT: PEBBLE BROOKE, LLC Ref. Number: W17000014276



We have received your document for PEBBLE BROOKE, LLC and your check(s) totaling \$520.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 417A00003229

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE DIVISION OF COMPORATIONS

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

17 MAR - 6 AM 10: 53

Pebble Brooke Floric (Must conta	ain the words "Limited Lia	ability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal offic	ce of the Limited Lia	ibility Company is:
	al Office Address:		Mailing Address:
2301 Old Bainbridge Road - Office		2301 O	ld Bainbridge Road - Office
Tallahassee, Florida 32303		Tallaha	ssee, Florida 32303
ARTICLE III - Registered Age (The Limited Liability Company			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Reactive Florida registration.)	egistered Agent. You )	
(The Limited Liability Company another business entity with an a	cannot serve as its own Reactive Florida registration.)	egistered Agent. You )	
(The Limited Liability Company another business entity with an a	cannot serve as its own Reactive Florida registration.) address of the registered as David N. Nerland	egistered Agent. You )	
(The Limited Liability Company another business entity with an a	cannot serve as its own Reactive Florida registration.) address of the registered as David N. Nerland	egistered Agent. You ) gent are: Name	
(The Limited Liability Company another business entity with an a	cannot serve as its own Reactive Florida registration.) address of the registered as  David N. Nerland	egistered Agent, You ) gent are: Name oad - Office	nust designate an individual or

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 606, F.S..

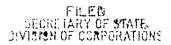
State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)



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The name and address of each person authorized to manage and control the Limited Liability/Company [ 14 10: 53

•	Marthamar, Millior A
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	High Level Holdings Florida, LLC
	2301 Old Bainbridge Road - Office
	Tallahassee, Florida 32303
<del></del>	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date of fili	ng: (OPTIONAL)
an effective date is listed, the date must be specific	and cannot be more than five business days prior to or 90 days after
date of filing.)	
	he applicable statutory filing requirements, this date will not be listed as
e document's effective date on the Department of Sta	ite's records.
RTICLE VI: Other provisions, if any.	
THELE VI. Other provisions, if any.	
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<u>REOUIRED</u> SIGNATURE;	$\cap$ $\Lambda$
Trancio	Lawe Attorney
	Low HII or rung
Signature of a member	or an authorized representative of a member
inis 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.

Frances Casey Lowe

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)