

L17000051047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

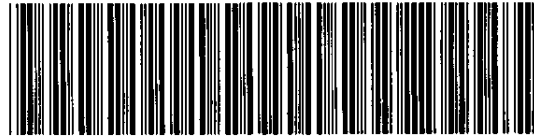
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/09/17--01001--006 **125.00

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DEPARTMENT OF STATE
17 MAR -8 3:39 PM

2017 MAR -9 17:08:38
17 MAR -9 17:08:38

C. GOLDEN

MAR - 9 2017

BRYANT MILLER OLIVE P.A.

Requester's Name

101 North Monroe St., Suite 900

Address

Tallahassee, FL 32301 (850) 222-8611

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Arbor Trace LH, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time Thurs. 3/9/17

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
2017 MAR -9 PM 6:38
TALLAHASSEE, FL
CLERK OF COURT

Examiner's Initials

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Arbor Trace LH, 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 L. Cooper, Jr.

Name of Person

Bryant Miller Olive P.A.

Firm/Company

101 North Monroe Street, Suite 900

Address

Tallahassee, FL 32301

City/State and Zip Code

wgthames@icloud.com

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

For further information concerning this matter, please call:

Pamela McCrary

850

222-8611

at ()

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

FILED
2017 MAR -9 AM 8:38
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
OF
ARBOR TRACE LH, LLC**

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2017 MAR -3 11 0:38

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. **NAME.** The name of the limited liability company is ARBOR TRACE LH, LLC (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.** The period of duration of the Company shall be from the date of filing of its Articles of Organization until the first to occur of the following:

- (i) Dissolution of the Company pursuant to the provisions of the Florida Revised Limited Liability Company Act (or its successor statute); or
- (ii) By the mutual written agreement of the Members (as such term is hereafter defined) holding a majority of the outstanding percentages of the membership interests in the Company; or
- (iii) As may otherwise be provided for in a written Operating Agreement (the "Operating Agreement") executed by all of the members of the Company (each a "Member" and, collectively, the "Members").

3. **PURPOSE.** The purpose for which the Company is organized is to own, develop, operate, manage, maintain, mortgage, lease and sell the multifamily residential community known as Arbor Trace which is located in Bay County, Florida, and to engage in any and all related businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **ADDRESS OF PLACE OF BUSINESS.** The mailing address and the street address of the place of business for the Company is 4910 North Monroe Street, Tallahassee, Florida 32303. Such addresses may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT.** The initial registered agent in Florida for the Company is William G. Thames, Jr., and the initial registered office is located at 4910 North Monroe Street, Tallahassee, Florida 32303.

6. **MEMBERS.** Each person owning a membership interest in the Company and meeting the qualifications for membership contained in the Operating Agreement shall be a Member. For purposes hereof, the term "membership interest" means an equity interest as an owner in the Company. The Company shall have at least one (1) Member, and may admit additional Members upon the prior unanimous written agreement of the then existing Members, or as otherwise provided in the Operating Agreement.

7. **CONTINUITY OF BUSINESS.** Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members (if any) of the Company, except as expressly provided otherwise in the Operating Agreement.


8. **MANAGEMENT.** The management of the Company shall be through one or more Managers. Any Manager may be (but is not required to be) a Member of the Company. The Manager(s) shall be appointed by the Members and shall have the power and responsibilities provided for in the Operating Agreement. The initial Manager shall be William G. Thames, Jr.

9. **INDEMNIFICATION.** Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify the authorized representative named below and any Member, former Member or Manager of the Company to the full extent permitted under the Florida Revised Limited Liability Company Act.

[Signatures on the following page]

Executed at Tallahassee, Florida, this 8th day of March, 2017.

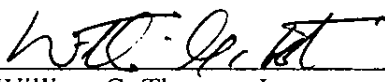
**ARBOR TRACE LH, LLC,
a Florida limited liability company**

By: 
William G. Thames, Jr.
Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service for ARBOR TRACE LH, LLC, at 4910 North Monroe Street, Tallahassee, Florida 32303, I hereby accept the appointment as registered agent and agree to act in such 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.

Executed this 8th day of March, 2017.


William G. Thames, Jr.
Registered Agent

2017 Mar -8 AM 8:38
TALLAHASSEE, FL
CLERK OF COURT