

L17000043206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

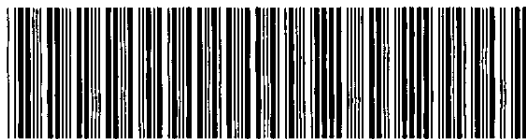
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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N. SAMS

MAR 22 2017

FILED  
17 MAR 22 PM 12:02  
1411 AMB. COM. 12003A

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Coastal Hwy. R.V. Park 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:

Tim Jordan  
Name of Person

Coastal Hwy. R.V. Park LLC  
Firm/Company

12 Jer-Bee Lou Blvd.  
Address

Panacea, FL 32346  
City/State and Zip Code

Tim@obrealty.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Jordan at ( 850 ) 567-9296  
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:

Coastal Hwy. A. V. Park LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

FILED  
17 MAR 22 PM 12:08  
CLERK OF COURT  
JANUARY 14, 2014

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12 Jer. Be. Lou Blvd.

P.O. Box 561

Panacea, Fl. 32346

Panacea, Fl. 32346

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:

Tim Jordan

Name

42 Driftwood Dr.

Florida street address (P.O. Box **NOT** acceptable)

Panacea Fl. 32342

City

State

Zip

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.

Tim Jordan

Registered Agent's Signature (REQUIRED)

(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

MGR

AMBR

AMBR

AMBR

**Name and Address:**

Tim Jordan  
42 Driftwood Dr.  
Panacea, Fl. 32346

Walter B. Dickson  
97 N. Lake Ellen Ln.  
Crawfordville, Fl. 32327

Jim Carlton  
403 Mashas Sands Rd.  
Panacea, Fl. 32346

The Dallas Marshall Revocable  
3108 Livingston Rd.  
Tallahassee, Fl. 32303 Trust

(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:**

Tim Jordan

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.

Tim Jordan

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)