

L17000075007

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 APR -3 AM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 6 2017
C Kinsey

Robert D. Hinshaw
Attorney at Law

185 Kimel Park Drive, Suite 200
Winston-Salem, North Carolina 27103
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***Board Certified Specialist in Estate Planning
and Probate Law**

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 30, 2017

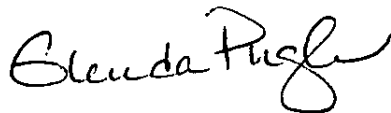
RE: Deer Creek Family, LLC

Dear Sir or Madam:

Please find enclosed the Articles of Organization for the above-referenced LLC, along with our firm's check in the amount of \$125.00 in filing fees.

Should you have any questions or need anything further, please do not hesitate to call.

Sincerely,



Glenda Pugh
Paralegal

Enclosures

COVER LETTER

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

SUBJECT: DEER CREEK FAMILY, 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:

Glenda Pugh

Name of Person

Robert D. Hinshaw, Attorney at Law

Firm/Company

185 Kimel Park Drive, Suite 200

Address

Winston-Salem, NC 27103

City/State and Zip Code

grp@rhinshawlaw.com

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

For further information concerning this matter, please call:

Glenda Pugh

336

760-2000

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEER CREEK FAMILY, LLC

(Must contain 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:

2450 St. George Drive
Davenport, FL 33837

Mailing Address:

2450 St. George Drive
Davenport, FL 33837

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:

William D. Stewart

Name

2450 St. George Drive

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

Davenport

FL

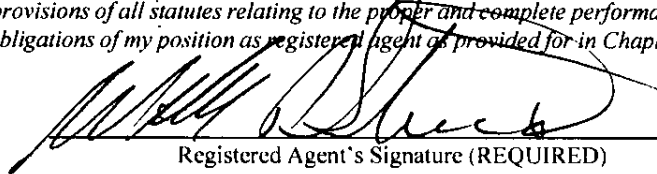
33837

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Name and Address:

William D. Stewart

2450 St. George Drive

Davenport, FL 33837

(Use attachment if necessary)

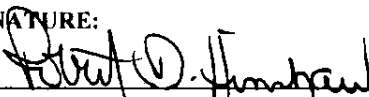
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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:



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.

Robert D. Hinshaw, Attorney

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)