

L17000113169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

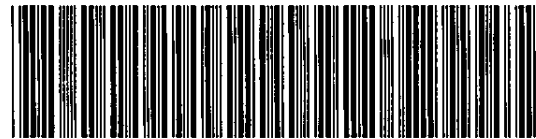
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300299455703

05/23/17--01032--005 **125.00

17 MAY 23 AM 11:11
SEC. OF STATE
MAY 23 2017

M. MOON

MAY 23 2017

COVER LETTER

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

SUBJECT: Traditions Hunt Club, 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:

Kyle Wood

Name of Person

Firm/Company

250 North Orange Avenue, Suite 1500

Address

Orlando, FL 32801

City/State and Zip Code

kyle@bishopbeale.com

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

For further information concerning this matter, please call:

Kyle Wood

407

426-7702

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
SECRETARY OF STATE
17 MAY 23 2011:11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Traditions Hunt Club, 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:

250 N. Orange Ave.

Suite 1500

Orlando, FL 32801

Mailing Address:

250 N. Orange Ave.

Suite 1500

Orlando, FL 32801

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. Bishop III

Name

250 N. Orange Ave., Suite 1500

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

Orlando

FLORIDA

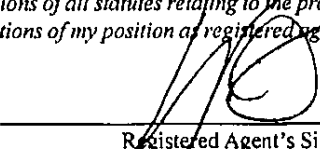
32801

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)

17 MAR 23 MON 11:11
SECRETARY OF STATE
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

AMBR

Name and Address:

Matt Adkins

8782 S. E. Sandcastle Circle

Hobe Sound, FL 33455

AMBR

William D. Bishop III

250 N. Orange Ave., Suite 1500

Orlando, FL 32801

AMBR

Kyle Wood

250 N. Orange Ave., Suite 1500

Orlando, FL 32801

(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.

William D. Bishop III

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)

17 MAY 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Matt Adkins

From: Kelly Hopper <kelly@bishopbeale.com>
Sent: Wednesday, May 17, 2017 4:27 PM
To: Matt Adkins
Cc: Kyle Wood
Subject: Sunbiz Entity Filing Form
Attachments: SScanner17051716240.pdf

Hi Mr. Adkins,

Please see the attached form and print and mail it along with the check for \$125.00. Please make it payable to 'Florida Department of State' and send to the following address:

- New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

Please let me know if you have any questions. Thank you.

Best regards,
Kelly

Kelly Hooper. *Senior Administrator*



BishopBeale

250 N. Orange Ave. Suite 1500 | Orlando, FL 32801

d: (407) 734.7205 | o: (407) 426.7702

kelly@bishopbeale.com | www.bishopbeale.com



17 MAY 23 AM 11:11
RECEIVED
FLORIDA DEPT OF STATE
TALLAHASSEE, FLORIDA

This information is intended only for the use of the addressee(s) and may contain confidential or proprietary information. If you are not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, displaying, copying, or use of this information is strictly prohibited. If you have received this communication in error, please notify us immediately and return the information to the sender with all copies deleted and destroyed. Thank you.