

217000 136915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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M. MOON
JUN 26 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 #

2017 JUN 26 PM 1:33
SECRET
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Office Use Only

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

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

☒ Walk in

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☒ Pick up time Please call when ready

☐ Will wait

☐ Photocopy

☒ Certified Copy

☒ 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

Examiner's Initials

COVER LETTER

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

SUBJECT: Arbor Trace @ Canopy, 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:

Pamela K. Bailey, FRP

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

julie@arborproperties.com

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

For further information concerning this matter, please call:

Pamela K. Bailey 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

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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 powers and responsibilities provided for in the Operating Agreement. The initial Manager shall be William G. Thames, Jr.

(a) The powers and authorized duties of the initial Manager (and any successor Managers) shall be more specifically provided for in the Operating Agreement.

(b) Without limiting the foregoing or any other provision contained in these Articles, the initial Manager is hereby specifically authorized to take all actions, and to execute and deliver all documents and instruments as are necessary and appropriate, to assume that certain Agreement of Purchase and Sale dated effective February 7, 2017, by and between Arbor Properties, Inc., an Alabama corporation (as Purchaser), and Ox Bottom Mortgage Holdings, LLC, a Florida limited liability company (as Seller), to acquire the real property described therein, and to finance and construct a multifamily community thereon. Such instruments may include, without limitation, assignment and assumption instruments, promissory notes, mortgages (and other securing agreements), guaranties, applications for

applicable permits and governmental approvals, affidavits, closing statements and other instruments.

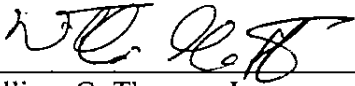
9. **INDEMNIFICATION.** Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify the authorized representative named below and any Member, former Member or Manager of the Company to the full extent permitted under the Florida Revised Limited Liability Company Act.

[Signatures on the following page]

17 JUL 26 AM 2:54
OFFICE OF THE
CLERK OF THE
COURT
JUL 26 2017

Executed at Tallahassee, Florida, this 26th day of June, 2017.

**ARBOR TRACE @ CANOPY, LLC,
a Florida limited liability company**

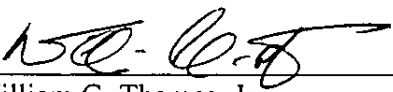
By: 
William G. Thames, Jr.
Authorized Representative

17 JUN 26 PM 2:54
SHELLY L. THAMES
Jr.

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service for ARBOR TRACE @ CANOPY, 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 26th day of June, 2017.


William G. Thames, Jr.
Registered Agent