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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

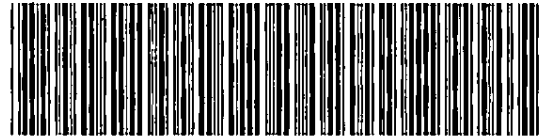
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D. O'KEEFE
MAR 27 2018

FILED
18 MAR 16 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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ATTORNEYS AT LAW
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William Dixon Haught
John Cogan Wade

March 13, 2018

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

RE: Articles of Organization for Destin Waves, LLC

Dear Sir or Madam:

Enclosed for filing is the original Articles of Organization for Destin Waves, LLC, as well as our firm's check for \$125 in payment of the filing fee.

Thank you for your assistance.

Cordially yours,



William D. Haught

WDH/syb
Enclosures

cc: Douglas Halbert
37 Valley Club Circle
Little Rock, AR 72212

Daniel Rosenheim, Attorney at Law PA
12815 Emerald Coast Parkway, Suite 124
Miramar Beach, FL 32550

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DESTIN WAVES, 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:

Mailing Address:

37 Valley Club Circle
Little Rock, AR 72212

Same

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.)

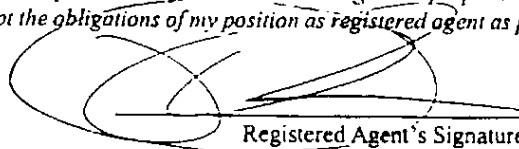
The name and the Florida street address of the registered agent are:

Daniel Rosenheim, Attorney at Law PA
Name

12815 Emerald Coast Parkway, Suite 124
Florida street address (P.O. Box **NOT** acceptable)

<u>Miramar Beach</u>	<u>Florida</u>	<u>32550</u>
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

Manager

Name and Address:

Douglas Halbert

37 Valley Club Circle

Little Rock, AR 72212

(Use attachment if necessary)

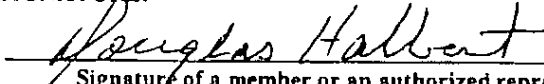
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Douglas Halbert

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR 16 AM 7:06

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