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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000028
Phone : (813)435-3176
Fax Number : (713)429-1276

18 JUN -7 PM 4:11
DIVISION OF CORPORATIONS
FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

Alan@landmarkmortgage.net

**FLORIDA LIMITED LIABILITY CO.
Black Bear Cabins Maggie Valley LLC**

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$125.00

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SECTION:
COMMERCIAL
SERVICES

N. SAMS

JUN 08 2018

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Black Bear Cabins of Maggie Valley 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:1479 CHUKAR RIDGEPALM HARBOR FLORIDA 34683Mailing Address:1479 CHUKAR RIDGEPALM HARBOR FLORIDA 34683

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:

Amie W. Kotz

Name

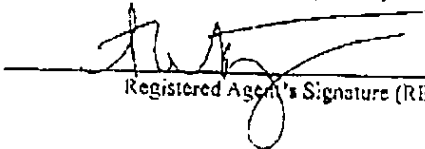
1479 CHUKAR RIDGEFlorida street address (P.O. Box NOT acceptable)PALM HARBORFLORIDA34683

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)

10 JUN -7 PM 4:11

FILED IN OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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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:

Amie W. Rotz
 1479 CHUKAR RIDGE
 PALM HARBOR FLORIDA 34683

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(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.

ANY AND ALL LAWFUL BUSINESS PURPOSE

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.17.155, F.S.

Amie W. Rotz

Typed or printed name of signer

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)

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