## 18000217538

(R	Requestor's Name)
(A	address)
Α)	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer;
	Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Ellaville Junction RV Park 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:
Dennis Cole Martin Name of Person
Firm/Company
4240 River RD. Address
City/State and Zip Code  demort 25 @ gmail.com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
demort 25@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dennis Cole Martin at (386) 590-6135  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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Ellaville Junction RV Park 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:  20348 Hwy 90 4240 River Rd. Live Ock Fl.
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:
Dennis Cole Martin
LIDYO River Rd
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)  Cive Ool (Fl. 32060)
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)

Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  Cive date is listed, the date must be specific and cannot be more than five business days prior filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date bent's effective date on the Department of State's records.  E.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 S I am aware that any false information submitted in a document to the Department of constitutes a third degree fellony as provided for in s.817.155, F.S.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)