# L18000204975

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

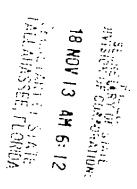
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# **COVER LETTER**

	w Filing Section vision of Corporations
SUBJECT:	Holbert's Haven, LLC
50,000,001,	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Jeanmarie McDaniel
	Name of Person
	Page, Mannino, Peresich & McDermott, PLLC
	Firm/Company
	759 Howard Avenue
	Address
	Biloxi, Mississippi 39530
j	City/State and Zip Code amh1966@cableone.net
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Jeanmarie McDaniel 228 374-2100
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:	
Holbert's Haven, LLC (Must contain		ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principal office o	of the Limited Liability Company is:
Principa	Office Address:	Mailing Address:
1401 Seacliffe Drive		1401 Seacliffe Drive
Gautier, Mississippi 39553		Gauter, Mississippi 39553
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own Registive Florida registration.)	stered Agent. You must designate an individual or
	Brian J. Holbert	
	Nan	ne
	8160 Wendover Road	
	Florida street address (P.C	. Box NOT acceptable)

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..

State

St. Augustine

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Robert D. Holbert	
WICIK	1401 Seacliffe Drive	
	Gautier, MS 39553	
	Clautier, Mis 37533	
MGR	Judith Ann Holbert	
<del></del>	1401 Seacliffe Drive	
	Gautier, MS 39553	
MGR	Brian J. Holbert	
<del></del>	8160 Wendover Road	
	St. Augustine, FL 32092	
MGR	Ladonna Holbert	
	8160 Wendover Road	
	St. Augustine, FL 32092	
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
A DETICAL E Man Defrancian days of order about the days of Ellings	. (OPPRIONEAL)	
ARTICLE V: Effective date, if other than the date of filing		
	d cannot be more than five business days prior to or 90 days after	
the date of filing.)		
	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.		
ANTICED VI. Office provisions, if any.		
· · · · · · · · · · · · · · · · · · ·		
REQUIRED SIGNATURE:	10/	
	$\sim$	
(udith	( Pur Aplileic )	
Signature of a member of	an authorized representative of a member.	
	cordance with section 605.0203 (1) (b), Florida Statutes.	
	ation submitted in a document to the Department of State	
constitutes a third degree felony:	as provided for in s.817.155, F.S.	

Judith Ann Holbert

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)

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