

L19000160043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

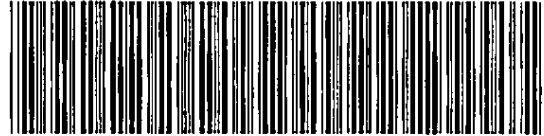
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 27 2019



MARGER STUART LAW
44 NORTH MAIN STREET
JASPER, GEORGIA 30143
(706) 253-3060 * FAX (706) 692-2180
WWW.MARGERSTUARTLAW.COM

***Cortney M. Stuart**

Edwin Marger
1928-2017

June 11, 2019

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

**Re: Articles of Organization and Designation of Registered Agent
Salt Life Rental, LLC**

Dear Sir/Madam:

Enclosed please find Articles of Organization for Salt Life Rentals, LLC, along with our Firm check in the amount of \$160.00. We understand a letter of acknowledgment will be issued upon registration.

Thank you for your assistance. If there are any questions, or you require anything additional, please give our office a call.

Very truly yours,
Marger Stuart Law

Wanda Cornelius
Paralegal for
Cortney M. Stuart
Attorney for Dana Spencer

Enclosures - as indicated

COVER LETTER

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

SUBJECT: SALT LIFE RENTALS, 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:

KARLI S. SPENCER

Name of Person

Firm/Company

1118 CRESTWOOD COMMONS AVENUE

Address

OCOEEE, FLORIDA 34761

City/State and Zip Code

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

For further information concerning this matter, please call:

Dana Spencer **770** **894-1889**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SALT LIFE RENTALS, 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:

223 LAKE COVE CIRCLE
MORGANTON, GA 30560

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:

KARLI S. SPENCER

Name

1118 CRESTWOOD COMMONS AVENUE

Florida street address (P.O. Box NOT acceptable)

OCOOE

FLORIDA

34761

City

State

Zip

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SEVEN ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA

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)

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:

Dana Spencer _____

223 Lake Cove Circle _____

Morganton, GA 30560 _____

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STATE OF FLORIDA
TALLAHASSEE

(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:

Dana Spencer

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.

Dana Spencer

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)