

# L19000160043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

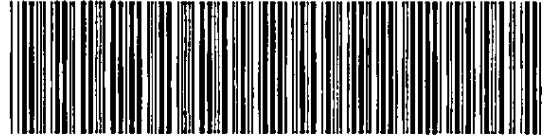
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JUN 14 PM 12:55  
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**

June 11, 2019

**Edwin Marger**  
1928-2017

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 your 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

OCOE, 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

at ( )

\_\_\_\_\_  
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)

OCOE

FLORIDA

34761

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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SEALING OFFICE  
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

MGR

**Name and Address:**

Dana Spencer

223 Lake Cove Circle

Morganton, GA 30560

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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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)