

L19000305053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

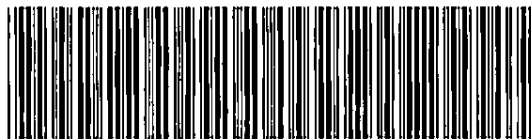
(Business Entity Name)

(Document Number)

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2019 DEC 23 PM 2:39

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SULLIVAN COUNTY  
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DAVISSON F. DUNLAP, III \*  
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BOARD CERTIFIED – REAL ESTATE \*\*  
CERTIFIED CIRCUIT COURT MEDIATOR +  
FL LICENSED CPA & LL.M (TAXATION) ‡  
ALSO ADMITTED IN AL ^



**PLANNING & DEVELOPMENT CONSULTANT:**  
MELISSA WARD (NOT ADMITTED TO FL  
BAR)

**OF COUNSEL:**  
KRISTIN A. GARDNER

2063 S. COUNTY HWY 395  
SANTA ROSA BEACH, FL 32459  
PHONE: 850-231-3315  
FACSIMILE: 850-231-5816

2065 THOMASVILLE ROAD, SUITE 102  
TALLAHASSEE, FLORIDA 32308  
PHONE: 850-385-5000  
FACSIMILE: 850-385-7636

**PLEASE REPLY TO: TALLAHASSEE OFFICE**

December 23, 2019

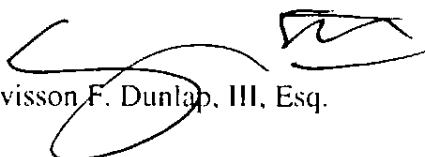
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Articles of Organization  
200 North Charles, LLC

Dear Sir/Madam:

Please find enclosed the Articles of Organization for the 200 North Charles, LLC for filing.

Sincerely,



Davisson F. Dunlap, III, Esq.

DFD/jtc  
Encls

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TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** 200 North Charles, 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:

Davisson Dunlap III  
\_\_\_\_\_  
Name of Person

Dunlap & Shipman, P.A.  
\_\_\_\_\_  
Firm/Company

2065 Thomasville Rd., Ste. 102  
\_\_\_\_\_  
Address

Tallahassee, Florida 32308  
\_\_\_\_\_  
City/State and Zip Code

davissoniii@dunlapshipman.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Davisson Dunlap III      850      385-5000  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

200 North Charles, 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:

2065 Thomasville Rd.

Ste. 102

Tallahassee, FL 32308

2065 Thomasville Rd.

Ste. 102

Tallahassee, FL 32308

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:

Davisson Dunlap III

Name

2065 Thomasville Rd., Ste. 102

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

Tallahassee

FL

32308

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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SECRETARY  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AP \_\_\_\_\_

Davisson Dunlap III  
2065 Thomasville Rd., Ste 102  
Tallahassee, Florida 32308

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

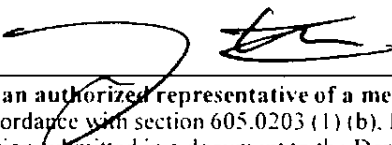
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

  
\_\_\_\_\_  
**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.

Davisson Dunlap III  
\_\_\_\_\_  
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)