

L20000037844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

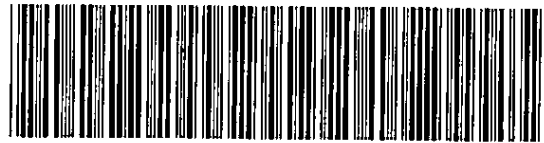
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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FEB 10 2020



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05/06/19--01012--014 **130.00

2020 FEB -5 AM 4:09
OF STATE
SEC, FL

ED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2020

MILDRED L EUBANKS
317 BLACKSHEAR DR
PANAMA CITY, FL 32404

SUBJECT: NAUTICAL POINT RV PARK
Ref. Number: W20000002200

We have received your document for NAUTICAL POINT RV PARK and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU STILL HAVE NOT PROVIDED A COMPLETE BUSINESS ADDRESS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 620A00001847

RECEIVED

2020 FEB -5 PM 12:39

Thanks!
I hope I did
it right This time





FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2020

MILDRED L EUBANKS
317 BLACKSHEAR DR
PANAMA CITY, FL 32404

SUBJECT: NAUTICAL POINT RV PARK
Ref. Number: W20000002200

We have received your document for NAUTICAL POINT RV PARK and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE GIVE COMPLETE ADDRESSES.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 020A00000663

RECEIVED
2020 JAN 23 AM 11:07
DIVISIONS
COMMERCIAL
SERVICES



**Nautical Point
RV Park**
Great Rates & Fishing
Office (850) 596-5784

317 Blackshear Drive
Panama City, Florida 32404

Millie (850) 596-5784 Margie (850) 596-9052

Web site - nauticalpointrvpark.com Email - nauticalpoint@gmail.com

Waterfront & Pet Friendly

COVER LETTER

TO: New Filing Section
Division of Corporations

Attn: Page, Kenya

SUBJECT: NAUTICAL POINT RV PARK

Name of Limited Liability Company

Enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILDRED L. EUBANKS

Name of Person

NAUTICAL POINT RV PARK

Firm/Company

317 BLACKSHEAR DR.

Address

PANAMA CITY FL 32404

City/State and Zip Code

nauticalpoint@gmail.com

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

For further information concerning this matter, please call:

Mildred L. Eubanks

850

596-5784

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
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
2601 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

2020 JAN -8 AM 8:04

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nautical Point RV Park Limited "LLC."

(Must contain the words "Limited Liability Company," "LLC," 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:317 Blackshear Dr.
Panama City FL.
32404317 Blackshear Dr Lot C-7
Panama City FL
32404

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:

Mildred L. Eubanks

Name

317 Blackshear Dr.Florida street address (P.O. Box **NOT** acceptable)Panama CityFL32404

City

State

Zip

Having been named as registered agent and to accept service of process for the above named limited liability company in 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 to indemnify and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Mildred L. Eubanks
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 FEB -5 AM 4:09
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"MEMBER" = Authorized Member

"MGR" = Manager

MEMBER

MEMBER

MEMBER

Name and Address:

AMBR

Mildred L. Eubanks

317 Blackshear Dr. Lot C-7

PC FL 32404

MGR

Megan E. Reyes

317 Blackshear Dr. Lot C-7

PC FL 32404

MGR

Mergie E. Oakleaf

308 Graze Point Dr.

PC Beach FL 32407

Grand Daughter

Daughter

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

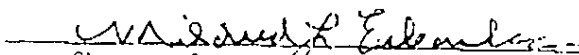
If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

days prior to 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.

this date will not be listed as

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 610.155, F.S.

Mildred L. Eubanks

Typed or printed name of signatory

Filing Fees:

- \$ 25.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB -5 AM 4: 09

FILED