

L20000146931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

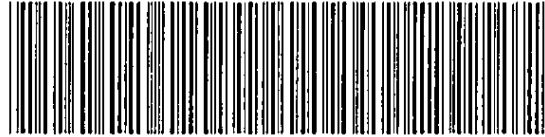
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. Brumbley

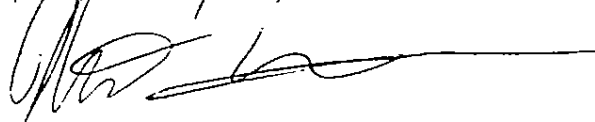
Cover Sheet

Contact: Nathan Flemings

Phone: 850-933-0401 (cell)

Please do what you can to
help me get these Articles Filed
I have a real estate closing for
this afternoon on hold.

Thank you



Fee \$125.00

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

Manatee Cove on the Wakulla River, L.L.C.

ARTICLE II – Address:

Principle Office Address:

5851 Country Living Cir
Tallahassee, FL 32311

Mailing Address:

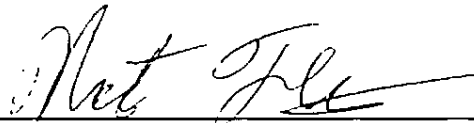
5263 Capital Circle S.W.
Tallahassee, FL 32305

ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**Nathan Fleming
5263 Capital Circle S.W.
Tallahassee, FL 32305**

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 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

ARTICLE IV-Manager(s) or Managing Member(s):

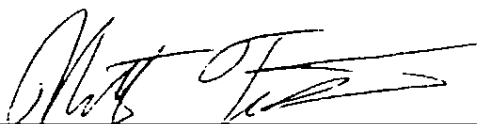
Title:

AMBR

Name and address:

Nathan Fleming
5851 Country Living Cir
Tallahassee, FL 32311

REQUIRED SIGNATURE:



Signature of member or an authorized representative of a member

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In accordance with Ch 605, F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.