

L20000147160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

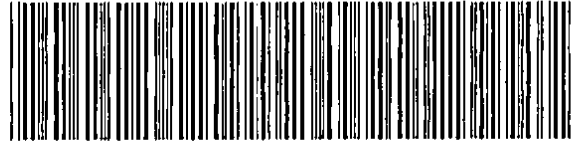
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 JUN -1 PM 4:19
TALLAHASSEE
FLORIDA

2020 JUN -2 AM 11:53
TALLAHASSEE
FLORIDA

FILED

JUN 05 2020

RESUBMIT

Please give original
submission date as file date. 6/2/

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 308147 8276576

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

ORDER DATE : June 1, 2020

ORDER TIME : 9:24 AM

ORDER NO. : 308147-005

CUSTOMER NO: 8276576

DOMESTIC FILING

NAME: SOUTH OAK TITLE FWB, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT.

EXAMINER'S INITIALS:

2020 JUN-6 PM 2:00
TALLAHASSEE, FL 32301
CORPORATION SERVICE COMPANY

COVER LETTER

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

SUBJECT: SOUTH OAK TITLE FWB, 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:

Charles G. Tucker

Name of Person

South Oak Title 30A, LLC

Firm/Company

13800 Panama City Beach Parkway, Suite 117

Address

Panama City Beach FL 32407

City/State and Zip Code

chuck@southoaktile.com

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

For further information concerning this matter, please call:

Chuck Tucker 850 250-5595
at ()
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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
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:

SOUTH OAK TITLE FWB, 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:

158 Eglin Parkway, NE
Ft. Walton Beach FL 32548

Mailing Address:

13800 Panama City Beach Parkway
Suite 117
Panama City Beach FL 32407

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:

Charles G. Tucker

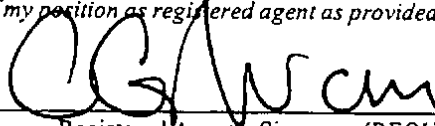
Name

13800 Panama City Beach Parkway, Suite 117

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

<u>Panama City Beach</u>	<u>FL</u>	<u>32407</u>
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)

FILED
2020 JUN -2 4:11:53
SECRETARY OF STATE
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

Name and Address:

MGR

SOUTH OAK TITLE EMERALD COAST, LLC
13800 Panama City Beach Parkway, Suite 117
Panama City Beach FL 32407

MGR

SOUTH OAK GROUP FWB, LLC
158 Eglon Parkway, NE
Ft. Walton Beach FL 32548

(Use attachment if necessary)

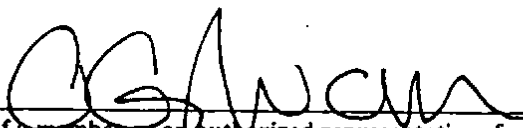
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

CHARLES G TUCKER, Managing Member South Oak Title Emerald Coast, LLC
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)