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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

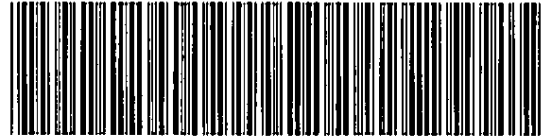
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/30/20--01015--008 \*\*130.00

Derrick Thompson  
09/30/20

**COVER LETTER**

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

**SUBJECT:** Bayview Travel Trailer Park, 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:

Mark Westmoreland  
Name of Person

\_\_\_\_\_  
Firm/Company

515 Hwy 98 Lot 32  
Address

Apalachicola, FL 32320  
City/State and Zip Code

Bayview TT Park@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathrine Conner at 850 370-0823  
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  
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:

Bayview Travel Trailer Park, 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:**

515 Hwy 98 Lot 32  
Apalachicola, FL 32320

**Mailing Address:**

P.O. Box 614  
Apalachicola, FL 32329

**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:

Mark Westmoreland  
Name

515 Hwy 98 Lot 32  
Florida street address (P.O. Box **NOT** acceptable)  
Apalachicola FL 32320  
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..*

Mark Westmoreland  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

Kathrine Conner  
515 US Hwy 98 Lot 32  
Apalachicola, FL 32320

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Kathrine Conner

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.

Kathrine Conner

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)



[Department of State](#) / [Division of Corporations](#) / [Start a Business](#) / [Start E-filing](#) / [Florida Limited Liability Company Filing](#) /

## Florida Limited Liability Company Filing

### Filing Information

If an effective date is required for this filing, enter here / / (MM/DD/YYYY) [What is an effective date?](#)

Required Filing Fees: \$125.00

Certificate of Status ☒ \$5.00 (Optional) [What is a certificate of status?](#)

Certified Copy ☐ \$30.00 (Optional) [What is a certified copy?](#)

Limited Liability Company Name Bay View Travel Trailer Park, LLC  
(Name must end with "Limited Liability Company", "L.L.C." or "LLC")

Principal Place of Business (The principal address must be a street address)

Address 515 U S Hwy 98  
Suite, Apt. #, etc.  
City, State Apalachicola, FL  
Zip Code & Country 32320 US

### Mailing Address

If your limited liability company mailing address is the same as the principal address above, please check the box below. Otherwise, enter your limited liability company mailing address.

☒ Mailing address same as principal address

Address 515 U S Hwy 98  
Suite, Apt. #, etc.  
City, State Apalachicola, FL  
Zip Code & Country 32320 US

Name And Address of Registered Agent [What is a registered agent?](#)

Name Westmoreland	, Mark	, W	
Last Name	First Name	Initial	Title (Sr., Jr., etc.)

- OR -

Business to serve as RA (Must be different from entity name being filed)

Address 515 U S Hwy 98 (PO Box not acceptable)  
Suite, Apt. #, etc.

Lot 32

City, State Apalachicola, FL

Zip Code &amp; Country 32320 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature **MUST** be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. **Do not enter the name of the entity you are attempting to file as Registered Agent.** A business entity cannot serve as its own RA.

Registered Agent Signature Mark W. Westmoreland

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, F.S.

**Any Other Provision(s) - Optional (Purpose, Statements, etc.)**

(Maximum of 240 characters.)

240 characters remaining

**Notice of Annual Report**

This Limited Liability Company (LLC) must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The LLC's first annual report will be due between January 1st and May 1st of the calendar year following the year the LLC is formed and must be filed online. The fee to file a LLC Annual Report is \$138.75. A late fee of \$400 is applied if the report is filed after May 1st. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles. File early to avoid the late fee.

**Correspondence Name And E-mail Address** Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name Kathrine M Conner

E-mail Address bayviewtpark@gmail.com

Re-enter E-mail Address bayviewtpark@gmail.com

**Signature of a member or an authorized representative.**

Electronic Signature Kathrine M Conner

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.

**Name And Address of Person(s) Authorized to Manage LLC** What is a Manager (MGR) or or Authorized Representative (AR)?

List the name and address of each manager or representative authorized to manage and control the company. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment and an additional \$25.00 filing fee.

Title MGR (MGR, AMBR, AP or other designated title(s))

Name	Westmoreland	,	Mark	,	W	,
	Last Name		First Name		Initial	Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR,  
AMBR, AP or other designated title(s)

Street Address	515 U S Hwy 98 Lot 32	
City, State	Apalachicola	, FL
Zip Code & Country	32320	US

Title AR (MGR, AMBR, AP or other designated title(s))

Name	Conner	,	Kathrine	,	M	,
	Last Name		First Name		Initial	Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR,  
AMBR, AP or other designated title(s)

Street Address	515 U S Hwy 98 Lot 32	
City, State	Apalachicola	, FL
Zip Code & Country	32320	US

Title (MGR, AMBR, AP or other designated title(s))

Name		,		,		,
	Last Name		First Name		Initial	Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR,  
AMBR, AP or other designated title(s)

Street Address  
City, State  
Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))

Name		,		,		,
	Last Name		First Name		Initial	Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR,  
AMBR, AP or other designated title(s)

Street Address  
City, State  
Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))

Name  
Last Name First Name Initial Title (Sr., Jr., etc.)  
- OR -

Entity Name to serve as MGR,  
AMBR, AP or other designated title(s)

Street Address

City, State

Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))

Name  
Last Name First Name Initial Title (Sr., Jr., etc.)  
- OR -

Entity Name to serve as MGR,  
AMBR, AP or other designated title(s)

Street Address

City, State

Zip Code & Country

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Continue

Reset





DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 07-22-2020

Employer Identification Number:  
85-6398815

Form: SS-4

Number of this notice: CP 575 B

PEARL I WESTMORELAND ESTATE  
MARK WESTMORELAND PER REP  
515 US HIGHWAY 98  
APALACHICOLA, FL 32320

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-6398815. This EIN will identify your estate or trust. If you are not the applicant, please contact the individual who is handling the estate or trust for you. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1041

04/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.