

# L21000164752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

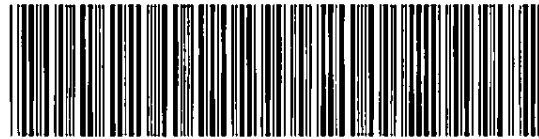
(Business Entity Name)

(Document Number)

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

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04/19/21--01001--003 \$125.00

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2021 APR 16 PM 3:28

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TALLAHASSEE, FL

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2021 APR 16 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FL

44-44612

DEPARTMENT OF STATE  
FILING COVER SHEET

Date: \_\_\_\_\_ 9-10-21

Requestor Name: Carlton Fields

Address: Post Office Box 190  
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct  
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

Corporation Name: RA Princeton, LLC

Email: misty.kent@Royalamerican.com

Entity Number (if applicable): 7014

Authorization: Kim Allen

☐ Certified Copy                      ☐ Plain Copy                      ☐ Certificate of Status  
☐ Call When Ready                      ( ☒ ) Call if Problem                      ( ☒ ) Walk In

✓	NEW FILINGS/OTHER FILINGS	✓	AMENDMENTS/REGISTRATION/ QUALIFICATION
	PROFIT		AMENDMENT
	NONPROFIT		RESIGNATION OF R.A., OFFICER/DIRECTOR
X	LIMITED LIABILITY		CHANGE OF REGISTERED AGENT
	DOMESTICATION		DISSOLUTION/WITHDRAWAL
	OTHER		MERGER
	ANNUAL REPORT		FOREIGN CORPORATION
	FICTITIOUS NAME		LIMITED PARTNERSHIP
	NAME RESERVATION		REINSTATEMENT
	APOSTILLE/LEGALIZATION		TRADEMARK
			OTHER

CF Internal Use Only

Client 1030783511 Matter

**COVER LETTER**

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

**SUBJECT:** RA Princeton, 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:

Misty Kent

\_\_\_\_\_  
Name of Person

Royal American

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

1022 W. 23rd Street, Ste. 300

\_\_\_\_\_  
Address

Panama City, FL 32405

\_\_\_\_\_  
City/State and Zip Code

misty.kent@royalamerican.com

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

For further information concerning this matter, please call:

Misty Kent	850	769-8981
_____	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)
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**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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 APR 16 AM 9:35

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RA Princeton, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1022 W. 23rd Street, Ste. 300  
Panama City, FL 32405

**Mailing Address:**

1022 W. 23rd Street, Ste. 300  
Panama City, FL 32405

**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:

Lauretta J. Pippin

Name

1022 W. 23rd Street, Ste. 300

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

Panama City

FL

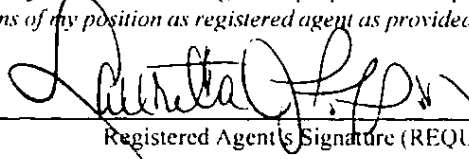
32405

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)

**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

Waddell Plantation, Inc.  
1022 W. 23rd Street, Ste. 300  
Panama City, FL 32405

AMBR

JBC of Panama City, Inc.  
1022 W. 23rd Street, Ste. 300  
Panama City, FL 32405

AMBR

Waddell Plantation, Inc.  
1022 W. 23rd Street, Ste. 300  
Panama City, FL 32405

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PALM BEACH, FL

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(Use attachment if necessary)

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

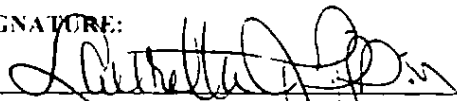
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Laurretta J. Pippin, Secretary of Manager  
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)