Division of Corporations Electronic Filing Cover Sheet

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Account Number : 120190000070
Phone : (850)337-4208
Fax Number : (850)337-4243

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Email Address: dinahpl@icloud.com

I APR 20 AM

FLORIDA LIMITED LIABILITY CO.

Dinah!s Destin Condo, LLC

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Page Count	03
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Corporate Filing Menu

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		:	COVER LET	TER	
	w Filing Secti vision of Corp				
ATTO TE OF		DINAF	rs destin co	ONDO, LLC	
SUBJECT:	·	Name of	Limited Liabil	lity Company	· · . · . · · · · · · · · · · · · ·
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		rganization and fco(
Please retur	n all correspon	dence concerning thi	s matter to the	following:	
		<u>.</u>	DIMI		
		:	Name of	f Person	
,	· · · · · · · · · · · · · · · · · · ·		Firm/Co	mpany	
			88 LAKE FO	REST BLVD.	
,			Addı	ress	
			HUNTSVILLE	E, AL 35824	
			City/State an	nd Zip Code	
_			DINAHPI@IC	CLOUD.COM	
	E-	mail address: (to be 1	ised for future	annual report notifi-	cation)
For further in	formation conc	erning this matter, p	lease call:		
	DÏNAH	S. PORCH	. 256 ! (468-9591	
	Name		Area Code	Daytime Teleph	none Number
Enclosed is	a check for the	following amount:	:		
圖\$125.00		□\$130.00 Filing Fe Certificate of Status	c& □S15 Certifi	5.00 Filing Fee & led Copy al c op y is enclosed	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Division P.O. Box	ng Section of Corporations		Street Address New Filing Section The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	ahassee treet, Suite 810

(((H21000156466 3)))

(((H21000156466 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:			
he name of the Limited Liabili	ity Company is:		
	i I		
	DINAH	S DESTIN COND	O. LLC
(Must cont	tain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:	1	_	
he mailing address and street a	address of the principal of	fice of the Limited	Liability Company is:
79			No. Ilian Addassa
Minds	oal Office Address:		Mailing Address:
8 <u>8</u> LAK	E FOREST BLVD.		88 LAKE FÖREST BLVD.
	TOTAL ALCONA		HUNTSVILLE, AL 35824
HUNTS	SVILLE, AL 35824 !		110(113 1 HDDC, NC 33024
ARTICLE III - Registered Ag	ent, Registered Office, d		nt's Signature:
ARTICLE III - Registered Ag	ent, Registered Office, of y cannot serve as its own active Florida registration address of the registered	Registered Ageat. h.)	nt's Signature: You must designate an individual or
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	ent, Registered Office, of y cannot serve as its own active Florida registration address of the registered	Registered Agent. h.) agent are:	nt's Signature: You must designate an individual or
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	ent, Registered Office, of y cannot serve as its own active Florida registration address of the registered RIC	Registered Agent. agent are: HARD S. McNEE Name	nt's Signature: You must designate an individual or
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	ent, Registered Office, of y cannot serve as its own active Florida registration address of the registered RIC	Registered Agent. agent are: HARD S. McNEE Name LD COAST PKW	nt's Signature: You must designate an individual or SE Y., SUTTE 1201
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	ent, Registered Office, of cannot serve as its own active Florida registration address of the registered RIC 36468 EMERAL	Registered Agent. agent are: HARD S. McNEE Name LD COAST PKW	nt's Signature: You must designate an individual or SE Y., SUTTE 1201

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.

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	DINAH S, PORCH, TTEE of Dinah S, Porch Rev, Mgt. Trst. 88 LAKE FOREST BLVD, HUNTSVILLE, AL 35824
AMBR	MARTIN E. PORCH 88 LAKE FOREST BLVD. HUNTSVILLE, AL 35824
(Use attachment if necessary)	:
LEV: Effective date, if other than the	date of filing: (OPTIONAL)
Nective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
Tective date is listed, the date must be of filing.) If the date inserted in this block does t	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be nent of State's records.
Nective date is listed, the date must be of filing.) If the date inserted in this block does rument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
Meetive date is listed, the date must be of filing.) If the date inserted in this block does rement's effective date on the Department's effective date on the Department's effective date on the Department is given by the date of the Department is given by the date of th	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be sent of State's records. ANY LAWFUL PURPOSE member or an authorized represent live of a member. ecutes in accordance with section 605, 203 (1) (b), Florida Statutes.
Rective date is listed, the date must be of filing.) If the date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of This document is of I am aware that any.	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records. ANY LAWFUL PURPOSE Member or an authorized represent tive of a member. Secured in accordance with section 605 203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State begree felony as provided for in s.817.155, F.S.
Rective date is listed, the date must be of filing.) If the date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of This document is of I am aware that any.	member or an authorized regressant live of a member. tectured in accordance with section 605, 203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State.