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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	wait	MAIL
	(Business Entity Name)	
	(,	
	(Document Number)	
Certified Copies	Certificates of Si	tatus
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Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: 140/14 WOOd Palace Club LC 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:					
Cynthia Williams Garrett and Elmore Garre					
Firm/Company					
5685 Blue Spring Hwy					
Greenwood Fl. 32443 City/State and Zip Code					
Cata/State and Ain Code					
Tip garrett/23@gmac(.Com Life-mail address: (to be used for flutre annual report notification) Cyn+n; a garrett 978 & gmail. con For further information concerning this matter, please call.					
Cynthia & Elmore GaineTT at (850 317.10030 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) □\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$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

<u>Street Address</u> 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

AKTICEET - Name:					
The name of the Limited Liability Company is:					
140114W000d	Palace	club	LLC		
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")					

ARTICLE II - Address:

OTICLE I. Name

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

Principal Office Address:	<u>Mailing Address</u> :
5685 Blue Spring HWV	5875 Fret Rd.
Areenwood	Greenwood
FL 32443	FL, 32443

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 str	reet address of the registered	d agent arge	
	Cynthic	a Gai	rett
		Name	
	5815 FC	ort Ad.	Greenwood
	Florida street addres		
	Greenu	rood Fl.	32443
	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)

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SECRETARY LANGERS MAIL

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: <u>Title:</u> "AMBR" = Authorized Member Name and Address: "MGR" = Manager 77 (Use attachment if necessary) (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.

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 thirthdegree felony as provided for in s.817.155, F.S.

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)

REQUIRED SIGNATURES

\$ 5.00 Certificate of Status (Optional)