

H2300DS26112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

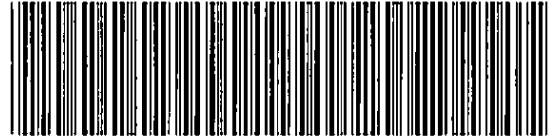
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/30/23--01022--011    \*\*150.00

SEAL OF THE STATE  
TALLAHASSEE, FL

2023 OCT 30 AM 9:12

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**COVER LETTER**

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

**SUBJECT:** Grand Bay Court, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Kimberly Watson Sewell, Esquire  
(Contact Person)

Watson Sewell, PL  
(Firm/Company)

5410 E. Co. Hwy. 30A, Suite 201  
(Address)

Seagrove Beach, Florida 32459  
(City, State and Zip Code)

dawn@watsonsewell.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Dawn Medina at ( 850 ) 231-3465  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees  
( \$25 for Conversion  
& \$125 for Articles  
of Organization)
- \$155.00 Filing Fees  
and Certificate of  
Status
- \$180.00 Filing Fees  
and Certified Copy
- \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

INHS11 (7/17)

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STATE  
TALLAHASSEE, FL

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Signed this 25th day of October 2023.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Charles Moniotte  
Printed Name: Charles H. Moniotte Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Charles Moniotte  
Printed Name: Charles H. Moniotte Title: as Manager of Grand Bay Court, LLC,  
a Louisiana limited liability company

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**  
Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**  
Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**  
Signatures of ALL General Partners.

**All others:**  
Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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 TULSA COUNTY CLERK  
 TULSA, OKLAHOMA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Grand Bay Court, 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:

599 Scenic Gulf Drive, Unit 101  
Miramar Beach, Florida 32550

### Mailing Address:

599 Gulf Drive, Unit 101  
Miramar Beach, Florida 32550

## 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.)

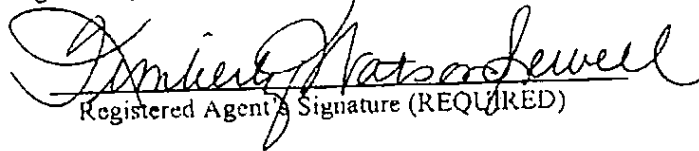
The name and the Florida street address of the registered agent are:

Kimberly Watson Sewell c/o Watson Sewell, PL  
Name

5410 E Co Hwy 30A, Suite 201  
Florida street address (P.O. Box NOT acceptable)

Seagrove Beach                      FL 32459  
City    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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
MANAGER

**Name and Address:**

Charles H. Monlotte  
599 Scenic Gulf Drive, Unit 101  
Miramar Beach, Florida 32550

\_\_\_\_\_  
\_\_\_\_\_  
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(Use attachment if necessary)

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FALL WHEELER, FL

**ARTICLE V:** Other provisions, if any.

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

**REQUIRED SIGNATURE:**

Charles Monlotte

**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 H. Monlotte

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)**