

# L95000000085

OFFICE USE ONLY (Document #)

David J. [unclear]  
(Requestor's Name)  
111 [unclear] [unclear]  
(Address)  
Key [unclear] [unclear]  
(City, State, Zip) (Phone #)

95 JAN 30 PM 1:15

DIVISION OF CORPORATION

2000001894572  
-01751795--01110--004  
\*\*\*\*337.50 \*\*\*\*337.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Highway Lake Properties, L.C. 6095-2167  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
95 JAN 30 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Called 1-30-95  
Total Capital  
Contribution \$20,000.00  
DMC 1/30/95  
Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 30, 1995

DAVID BARRETT  
111 SOUTH MONROE ST.  
TALLAHASSEE, FL

SUBJECT: TROPHY LAKE PROPERTIES, L.C.  
Ref. Number: W95000002102

We have received your document for TROPHY LAKE PROPERTIES, L.C. and check(s) totaling \$337.50. However, your check(s) and document are being returned for the following:

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick  
Corporate Specialist

Letter Number: 895A00003858

RECEIVED  
JAN 31 1995  
OFFICE OF THE SECRETARY  
OF STATE

**FILED**

95 JAN 30 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
TROPHY LAKE PROPERTIES, L.C.**

The undersigned adopt the following Articles of Organization for the purpose of becoming a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I**

**NAME**

The name of this limited liability company, referred to in these Articles as "Company," is:

**TROPHY LAKE PROPERTIES, L.C.**

**ARTICLE II**

**DURATION**

The Company shall dissolve on December 31, 2015, unless earlier terminated by proper action of the Company or the provisions hereof.

Provided, however, that this Company shall dissolve upon the death, retirement, resignation, expulsion, bankruptcy, dissolution of a member, [if a non-natural person or business entity], or upon the occurrence of any other event that terminates the continued membership of a member in the Company unless the business of this Company is continued by the unanimous consent of all the remaining members.

### **ARTICLE III**

#### **PURPOSE**

The purpose for which the Company is organized is to transact any and all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

### **ARTICLE IV**

#### **PRINCIPAL ADDRESS**

The address of Company's principal place of business in Florida is 226 West Georgia Street, Tallahassee, Florida 32301.

### **ARTICLE V**

#### **REGISTERED AGENT AND OFFICE**

The name of Company's initial registered agent in Florida is DAVID A. BARRETT. The address of Company's registered office in Florida is 111 S. Monroe Street, Suite 3000, Tallahassee, Florida 32301.

### **ARTICLE VI**

#### **CAPITAL CONTRIBUTIONS**

Contributions to the Company by each member are as follows:

A. DAVID A. BARRETT has made cash contribution of Ten Thousand (\$10,000.00) Dollars.

B. J. KINSON COOK, SR., has made cash contribution of Ten Thousand (\$10,000.00) Dollars.

Total additional contributions will be made as may be required for investment purposes by unanimous consent of all the members of the company or, if the total assets minus liabilities, as stated in the official Annual Report of the Company, fall below One Thousand (\$1,000.00) Dollars, each member agrees to make an additional contribution pro rata, based on their then comparative capital contribution account as reflected on the books of the Company, to bring the Company to this minimum level.

## **ARTICLE VII**

### **MANAGEMENT**

The Company is to be managed by a board of two (2) managers, the initial membership of which, who shall serve until the first annual meeting of members, are identified as follows:

A. DAVID A. BARRETT, 111 S. Monroe St., Suite 3000, Tallahassee, Florida 32301.

B. J. Kinson Cook, 1000 Live Oak Plantation Road, Tallahassee, Florida 32308.

The managers shall be elected annually by the members in the manner prescribed by and provided in the Regulations of this Company. The managers shall also hold the offices and have the responsibilities accorded to them by the members and as set out in the Regulations of the Company.

## **ARTICLE VIII**

### **ADMISSION OF MEMBERS**

Members shall have the right to admit new members. Additional members may be admitted only on the unanimous consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.


Any transfer or assignment of a member's interest in the Company shall be in accordance with the Company's operating regulations, these Articles of Organization, and the Florida Limited Liability Company Act.

## **ARTICLE IX**

### **ADDITIONAL PROVISIONS**

The power to adopt, alter, amend, or repeal the Regulations of this Company is vested entirely in the members of the Company.

IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned have executed these Articles of Organization on this 27th day of January, 1995, at Tallahassee, Florida.

  
J. KINSON COOK, SR.

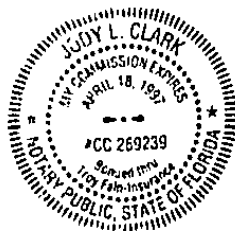
David A. Barrett  
DAVID A. BARRETT

STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared J. KINSON  
COOK, who is known to me to be the person who executed the foregoing Articles of  
Organization ~~or who has produced~~ xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx ~~as~~ identification,  
and acknowledge before me that he made and subscribed the same for the purposes  
therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this  
27th day of January, 1995, at Tallahassee, Florida.



Judy L. Clark  
NAME: Judy L. Clark  
NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires:

STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared DAVID A. BARRETT, who is known to me to be the person who executed the foregoing Articles of Organization ~~on who has produced~~ xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx as identification, and acknowledges before me that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 27th day of January, 1995, at Tallahassee, Florida.



Jody L. Clark  
NAME: Jody L. Clark  
NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires:



FILED

95 JAN 30 PM 2:23

**CERTIFICATE OF REGISTERED AGENT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TROPHY LAKE PROPERTIES, L.C., located at 226 West Georgia Street, Tallahassee, Florida 32301, names **DAVID A. BARRETT**, as its Registered Agent in Florida to accept service of process within Florida. The address of the Registered Agent is 111 S. Monroe Street, Suite 3000, Tallahassee, Florida 32301.

DATED this 27th day of January, 1995.

  
**DAVID A. BARRETT**

Having been named as Registered Agent and to accept service of process for the above-named limited liability company at the address designated in this certificate, I do hereby accept the appointment as Registered Agent and agree to act in this capacity.

DATED this 27th day of January, 1995.

  
**DAVID A. BARRETT**


95 JAN 30 PM 2:29


## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of **TROPHY LAKE PROPERTIES, L.C.** deposes and says:

- 1) The above named liability company has at least two members.
- 2) The total amount of cash contributed by the members is Twenty Thousand Dollars [\$20,000.00].
- 3) The total amount of cash or property anticipated to be contributed by members is Twenty Thousand Dollars [\$20,000.00].

  
\_\_\_\_\_  
J. KINSON COOK, SR.  
Member  
TROPHY LAKE PROPERTIES, L.C.  
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

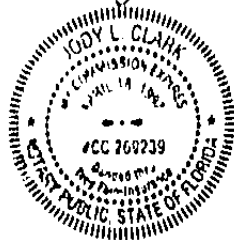
  
DAVID A. BARRETT  
Member  
TROPHY LAKE PROPERTIES, L.C.  
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared J. KINSON COOK,  
SR., who is known to me to be the person who executed the foregoing Affidavit of  
Membership and Contributions or who has produced \_\_\_\_\_  
~~as identification~~, and acknowledges before me that he made and subscribed the same  
for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunder set my hand and official seal on this  
27th day of January, 1995



Jody L. Clark

NAME: Jody L. Clark

NOTARY PUBLIC

State of Florida at Large

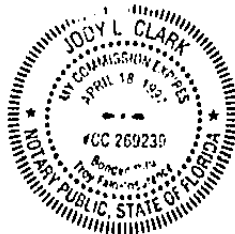
My Commission Expires:

STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared DAVID A. BARRETT, who is personally known to me to be the person who executed the foregoing Affidavit of Membership and Contributions and acknowledges before me that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this  
27th day of January, 1995



Jody L. Clark

NAME: Jody L. Clark


NOTARY PUBLIC

State of Florida at Large

My Commission Expires:

**FILE NOW: Fee after May 1, will be \$263.75**

APPROVED  
AND

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1996</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra H. Morthum Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> <b>\$ 238.75</b>		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L95000000085</b> TROPHY LAKE PROPERTIES, L.C. 226 WEST GEORGIA STREET TALLAHASSEE FL 32301		<b>1a. Principal Place of Business Address</b> 226 WEST GEORGIA STREET TALLAHASSEE FL 32301	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip	
<b>3. Date Organized or Qualified</b> 01/30/1995		<b>3a. State of Formation</b> FL	
<b>4. FEI Number</b> 59-3302558		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b>		<b>6. Certificate of Status Desired</b> <input type="checkbox"/> AS 75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b> BARRETT, DAVID A 111 S. MONROE STREET SUITE 3000 TALLAHASSEE FL 32301		<b>8. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 606.416 and 606.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ <small>(If signed Agent Accepting Appointment) (If Not) (If signed Agent signature required when reinstating)</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGR	BARRETT, DAVID A	11 S MONROE ST SUITE 3000	TALLAHASSEE FL
MGR	COOK, J. KINSON	1000 LIVE OAK PLANTATION R	TALLAHASSEE FL
			2000001787092 -04/19/96--01040--010 ****238.75 ****238.75
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
<b>SIGNATURE:</b> <i>David A. Barrett</i>		Date: 4/10/96 Telephone: 904-222-9000	