

# L95000000/16

**DANIEL C. PERRI**  
*Attorneys at Law*  
5 Clifford Drive  
Shalimar, Florida 32579

Daniel C. Perri  
Alexandra R. Haught  
(904) 651-3011

(904) 651-3306 Fax

February 2, 1995

Secretary of State  
409 E. Gaines Street  
Tallahassee, FL 32301

Re: Articles of Organization

200001399392  
-02/07/95--01071--001  
\*\*\*\*285.00 \*\*\*\*285.00

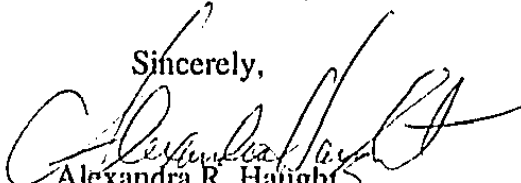
Dear Sir or Madam:

Enclosed herewith please find an original and one copy of the Articles of Organization for Le Jardin, L.C. Please file the original and return a file stamped copy in the self-addressed stamped envelope provided.

Also enclosed is a check in the amount of \$285.00 representing your filing fee.

I appreciate your assistance in this matter.

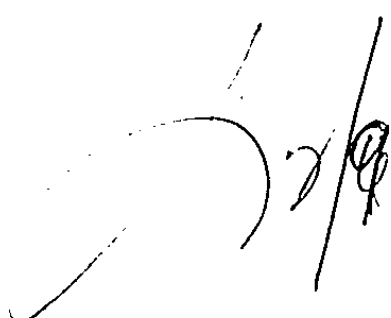
Sincerely,

  
Alexandra R. Haught  
Attorney at Law

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 FEB -6 PM 5:01

FILED



ARTICLES OF ORGANIZATION  
OF  
LE JARDIN, L.C.

The undersigned subscribers, hereby form a limited liability company, as follows:  
under the laws of the State of Florida, Florida Statutes, Chapter 608.

FILED  
95 FEB -6 PM 5:01  
TALLAHASSEE, FLA

ARTICLE I  
NAME

The name of this limited liability company shall be LE JARDIN, L.C.

ARTICLE II  
DURATION

This limited liability company shall exist no longer than fifty (50) years from the date of filing with the Department of State.

ARTICLE III  
PURPOSE AND POWERS

This limited liability company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This limited liability company shall have all powers enumerated in Chapter 608 mentioned above.

ARTICLE IV  
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business of the limited liability company is at 4530 Highway 20 East, Niceville, Florida 32578. The mailing address of the limited liability company is 4530 Highway 20 East, Niceville, Florida 32578.

**ARTICLE V**  
**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this limited liability company is 5 Clifford Drive, Suite 12, Shalimar, Florida 32579 and the name of the initial registered agent at that address is ALEXANDRA R. HAUGHT.

**ARTICLE VI**  
**CAPITAL**

The capital of the limited liability company shall exist in \$35,000.00 in cash.

**ARTICLE VII**  
**MANAGEMENT**

The names and addresses of the managers of the limited liability company are as follows:

Katherine M. Banks  
1223 Chantilly Circle  
Niceville, FL 32578

Lorraine C. Arthur  
1223 Chantilly Circle  
Niceville, FL 32578

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

**ARTICLE VIII**  
**INITIAL MEMBERS**

The names and addresses of the members of this limited liability company are as follows:

Katherine M. Banks  
1223 Chantilly Circle  
Niceville, FL 32578

Lorraine C. Arthur  
1223 Chantilly Circle  
Niceville, FL 32578

**ARTICLE IX**  
**ADDITIONAL MEMBERS**

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all the members of the company existing at that time.

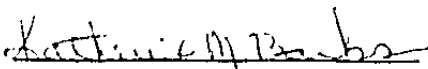
**ARTICLE X**  
**DISSOLUTION**

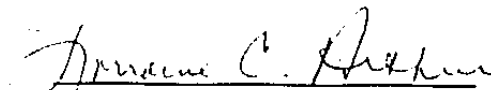
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated unless the business is continued by the consent of all remaining members.

**ARTICLE XI**  
**TRANSFER OF INTEREST**

A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the limited liability company unless prior written consent is obtained by the transferor from all remaining members.

IN WITNESS WHEREOF, the undersigned, being the members hereinbefore named, have hereunto set their hands and seals on this the 2<sup>nd</sup> day of February, 1995, for the purpose of forming a limited liability company to do business both within and without the State of Florida and do make and file in the Office of the Secretary of State of Florida these Articles of Organization and certify that the facts herein stated above are true.

  
Katherine M. Banks  
Member

  
Lorraine C. Arthur  
Member

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of February, 1995, and who personally appeared Katherine M. Banks, who has produced a valid driver's license as identification and did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 2<sup>nd</sup> day of February, 1995.

*Cindy Fuqua Meyer*  
CINDY FUQUA MEYER  
NOTARY PUBLIC  
My commission expires:

STATE OF FLORIDA  
COUNTY OF OKALOOSA



CINDY FUQUA MEYER  
My Commission CC312488  
Expires Sep. 01, 1997  
Bonded by HAI  
800-422-1855

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of February, 1995, and who personally appeared Lorraine C. Arthur, who has produced a valid driver's license as identification and did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 2<sup>nd</sup> day of February, 1995.

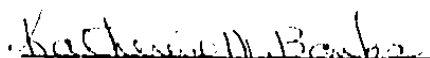
*Cindy Fuqua Meyer*  
CINDY FUQUA MEYER  
NOTARY PUBLIC  
My commission expires:

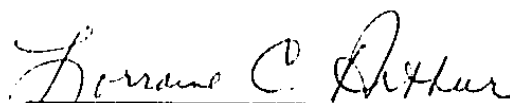


CINDY FUQUA MEYER  
My Commission CC312488  
Expires Sep. 01, 1997  
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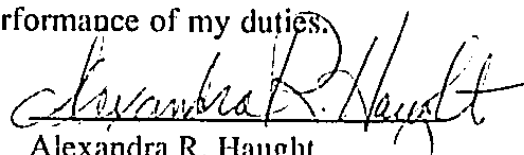
**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, Florida Statutes, the following is submitted:  
LE JARDIN, L.C., desiring to organize under the laws of the State of Florida  
with its principal place of business at 4530 Highway 20 East, Niceville, Florida  
32478, has named Alexandra R. Haught as its agent to accept service of process  
within the State of Florida and whose address is 5 Clifford Drive, Shalimar,  
Florida 32579.

  
Katherine M. Banks  
Member

  
Lorraine C. Arthur  
Member

Having been named to accept service of process for the above named  
corporation, at the place designated in this certificate, I hereby agree to act in  
this capacity, and I further agree to comply with the provisions of all Florida  
Statutes relative to the proper and complete performance of my duties.

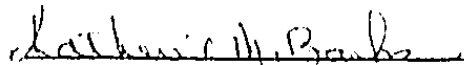
  
Alexandra R. Haught  
Registered Agent

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF OKALOOSA

I, the undersigned member of LE JARDIN, L.C., after being duly sworn, do depose and state the following:

1. There are at least two (2) members of Le Jardin, L.C.
2. Capital contribution to Le Jardin, L.C. is Thirty Five Thousand Dollars and No Cents (\$35,000.00) in cash.
3. There is no contribution of property other than that listed in paragraph 2 above.
4. The future capital anticipated to be contributed is an additional total of Ten Thousand Dollars and No Cents (\$10,000.00) in cash, which is in addition to the contribution in Item 2 above.

  
KATHERINE M. BANKS  
Member of Le Jardin, L.C.

Sworn to and ascribed before me on

February 12, 1995.


Cindy Fugua Meyer  
My commission expires: \_\_\_\_\_



CINDY FUGUA MEYER  
My Commission CC312488  
Expires Sep. 01, 1997  
Bonded by HAI  
800-422-1555

**FILED**  
95FEB-6 PM 5:01  
TALLAHASSEE, FLORIDA

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  LE JARDIN, L.C. 4530 HIGHWAY 20 EAST NICEVILLE FL 32578		DOCUMENT #L95000000116	
1a. Principal Place of Business Address  4530 HIGHWAY 20 EAST NICEVILLE FL 32578		3. Date Organized or Qualified 02/06/1995	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3a. State of Formation FL 4. FEI Number 59-3299337 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent  HAUGHT, ALEXANDRA R 5 CLIFFORD DRIVE SUITE 12 SHALIMAR FL 32579		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, 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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when translating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BANKS, KATHERINE M	1223 CHANTILLY CIRCLE	NICEVILLE FL
MGRM	ARTHUR, LORRAINE C	1223 CHANTILLY CIRCLE	NICEVILLE FL
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) (4), Florida Statutes 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			
SIGNATURE: LORRAINE C ARTHUR <i>Lorraine C Arthur</i>		11 APR 96 (904) 247-7144	
SIGNATURE AND TITLE OF PERSON (OR PERSONS) MANAGING OR MANAGING MANAGER			