

L96000000760

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 15 PM 1:31

SUBJECT: PERDIDO BAY COLONY, L.C.
(Proposed limited liability company name - must include suffix)

500001894955
-07/16/96--01129--002
****293.75 ****293.75

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00
Filing Fee
& Registered
Agent designation

☒ \$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

☐ \$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

☐ \$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: JOHN SPERRY
Name (Printed or typed)

11115 LILLIAN HWY
Address

PENSACOLA FL 32506
City, State & Zip

904-455-4733
Daytime Telephone number

6/17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERDIDO BAY COLONY, L.C.

ARTICLE II - Address:

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

11117 LILLIAN HWY
PENSACOLA FL 32506

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

JOHN SPERRY

SUSAN SPERRY

11115 LILLIAN HWY

PENSACOLA FL 32506

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ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

BY UNANIMOUS CONSENT
OF THE MANAGING MEMBERS, CONSISTENT WITH
REGULATIONS PROMULGATED FROM TIME
TO TIME BY THE MANAGING MEMBERS.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

VESTED IN THE SURVIVING
MANAGING MEMBER FIRST, AND IF THERE
IS NO SURVIVING MANAGING MEMBER, SHALL
BE VESTED IN THE JOHN ROBIN SPERRY REVOCABLE
TRUST.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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The undersigned member or authorized representative of a member of _____
PERDIDO BAY COLONY, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 500⁰⁰.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 500⁰⁰.
- 5) the total amount of 2, 3, and 4 is \$ 1000⁰⁰.



Signature of a member or authorized representative of a member.
(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.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

PERDIDO BAY COLONY, L.C.

2. The name and address of the registered agent and office is:

JOHN SPERAY

(Name)

11115 LILLIAN HWY

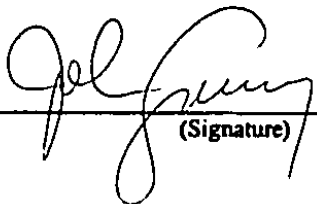
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PENSACOLA, FL 32506

(City/State/Zip)

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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.



(Signature)

7-11-96

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent