

L98000002747

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

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

FILED
98 NOV 16 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: SAGEWAY DR. LLC
(Proposed limited liability company name - must include suffix)

Rbt. Holt GAVE

In person
AUTHORIZATION BY PHONE TO

CORRECT name throughout + #4 on affidavit

Enclosed is an original and one (1) copy.

DATE 11/16/98

DCC EXAM Holt

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

rec'd.
11/16/98
Holt

FROM: SAGEWAY DR. LLC
Name (Printed or typed)

1811 Sageway Dr.

Address

Tallahassee, Florida 32303

City, State & Zip

850-386-4134

Daytime Telephone number

600002690146--6
-11/18/98--01008--006
****285.00 ****285.00

Name Availability	<u>Holt</u>
Document Examiner	<u>Holt</u>
Updater	<u>Holt</u>
Updater Verifier	<u>Holt</u>
Acknowledgement	<u>Holt</u>
W. P. Verifier	<u>Holt</u>

FL 11/18 rec'd

FILED 250.00
COPY
R. AGENT 35.00
TOTAL 285.00
BALANCE DUE \$
REFUND \$

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAGEWAY DR. LLC

ARTICLE II - Address:

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

1811 Sageway Dr.
Tallahassee, Florida 32303

ARTICLE III - Duration:

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

Shall be 50 years from date of filing with
the Florida Department of State

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:

ROBERT G. HOLT

1811 SAGEWAY DR.
TALLAHASSEE, FL 32303

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ARTICLE V - Admission of Additional Members:

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

Upon unanimous decision of existing members. The initial members are Robert G. Holt and Barbara C. Holt, husband and wife by the entirety.

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:

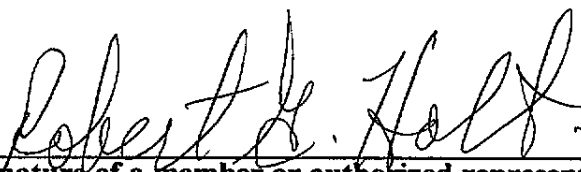
Upon the unanimous consent of existing or surviving members. (Member by the Entireties)

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

The undersigned member or authorized representative of a member of _____
SAGEWAY DR. LLC _____ 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 \$ 100.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00
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 \$ 0
- 5) the total amounts of 2, 3 and 4 is \$ 100.00



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.)

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**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: _____
SAGEWAY DR. LLC

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

Robert G. Holt

(NAME)

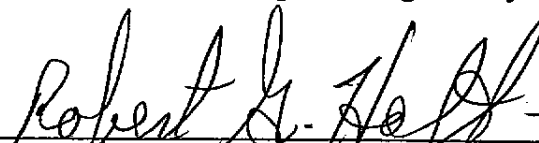
1811 Sageway Dr.

(P. O. Box NOT ACCEPTABLE)

Tallahassee, Florida 32303

(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.


(SIGNATURE)


(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA