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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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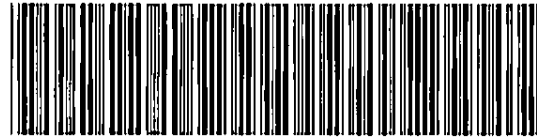
(Business Entity Name)

(Document Number)

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PRO...  
2022 JAN 14 PM 2:03  
TAL... FLORIDA

FILED  
2022 JAN 14 PM 4:03  
TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT:** CABIN BEYOND THE CLOUDS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STACY SMALL  
Name of Person

SMITH THOMPSON SHAW  
Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR  
Address

TALLAHASSEE, FL 32309  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACY SMALL                      850                      893-4105  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

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

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

# ARTICLES OF ORGANIZATION

OF

# CABIN BEYOND THE CLOUDS, LLC

FILED  
2022 JAN 14 PM 4:03  
TALLAHASSEE, FL  
SECRETARY OF STATE

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **CABIN BEYOND THE CLOUDS, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **3641 Ocleon Drive, Tallahassee, Florida 32312**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **3641 Ocleon Drive, Tallahassee, Florida 32312**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **Thomas R. Bane**; the initial registered office is located at **3641 Ocleon Drive, Tallahassee, Florida 32312.**

7. **MANAGEMENT.**

The names and address of the persons authorized to manage and control the Limited Liability Company are as follows:

**Manager: Thomas R. Bane**  
**3641 Ocleon Drive**  
**Tallahassee, Florida 32312**

**Manager: Tracy Bane**  
**3641 Ocleon Drive**  
**Tallahassee, Florida 32312**

**EXECUTED** at Tallahassee, Leon County, Florida this 12 day of January, 2022.

  
\_\_\_\_\_  
Thomas R. Bane

  
\_\_\_\_\_  
Tracy Bane

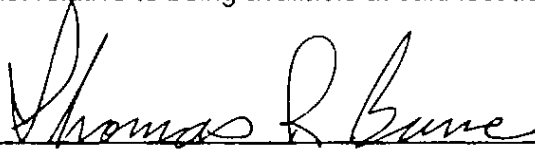
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, 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 **CABIN BEYOND THE CLOUDS, LLC.**
2. The name of the registered agent and office is: **THOMAS R. BANE, 3641 Ocleon Drive, Tallahassee, Florida 32312.**

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
THOMAS R. BANE, REGISTERED AGENT

**FILED**  
2022 JAN 14 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FL