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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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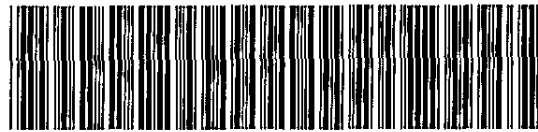
(Business Entity Name)

(Document Number)

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TALLAHASSEE
FLORIDA

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

04 JUL 23 AM 10: 24

SUBJECT: Camellia Gardens, 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:

Bruce J. Host
(Name of Person)

Host & Associates
(Firm/Company)

3605 Donegal Drive
(Address)

Tallahassee, FL 32309-3220
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce J. Host at (850) 893-4050
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL 23 AM 10:24

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAMELLIA GARDENS, LLC

ARTICLE II - Address:

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

Principal Office Address:

981-3 Highway 98 East

Destin, FL 32541

Mailing Address:

981-3 Highway 98 East

Destin, FL 32541

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Bruce J. Host

Name

3605 Donegal Drive

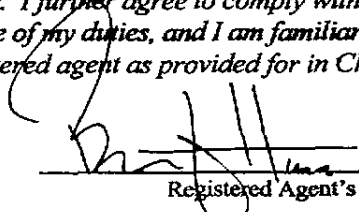
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FLORIDA 32309

City, State, and 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 as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 23 AM 10:24

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Baxter A. Winfree

981-3 Highway 98 E

Destin, FL 32541

MGR

Bruce J. Host

3605 Donegal Drive

Tallahassee, FL 32309

MGRM

Sandra C. Host

3605 Donegal Drive

Tallahassee, FL 32309

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bruce J. Host

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)