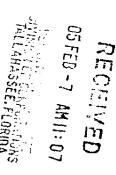
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(Requestor's Nar	ne)
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PICK-UP WAIT	MAIL
(Business Entity Name) (Document Number)	
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ACCOUNT NO. : 072100000032

REFERENCE: 187839

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 7, 2005

ORDER TIME: 9:44 AM

ORDER NO. : 187839-005

CUSTOMER NO: 81034A

CUSTOMER: Michael W. Mead, Esq

Michael Wm. Mead, Esq

P. O. Drawer 1329

Fort Walton Bea, FL 32549-1329

DOMESTIC FILING

NAME:

CAMELLIA COVE, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION

OF

CAMELLIA COVE, LLC.

05 FEB -7 PH 1:41

ARTICLE I ~ Name

The name of the Limited Liability Company shall be CAMELLIA COVE, LLC.

ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 602 Cambridge Avenue NE, Fort Walton Beach, (Okaloosa County) Florida 32547-1811, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

The mailing address for the Limited Liability Company shall be the same

ARTICLE III ~ Registered Agent, Registered Office & Registered Agent's Signature

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

Robert C. Griggs 602 Cambridge Avenue NE Fort Walton Beach, Florida 32547-1811

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, F.S.

Robert C. Griggs

Registered Agent's Signature

HAEL WM MEAD TORNEY AT I AW LITER MARTIN ROAD O, DRAWER 1323 I WALTON BEACH, RIDA 32840-1326

ARTICLE IV ~ Management

- II This Limited Liability Company is a member-managed company.
- ☐ This Limited Liability Company is a manager-managed company.

Robert C. Griggs
Signature of member

In accordance with §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.

RUBERTORI 808

2/4/05 Revaluercane, 925

STATE OF FLORIDA COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this if day of Ebruary, 2005, by Robert C. Griggs, who is personally known to me.

Notary Public

My Commission Expires:

KATHLENE M. HERNDON Motary Public, State of Florida My comm. exp. Nov. 9, 2007 Comm. No. DD 265722

> Con Floring 2000