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(Address)	400108969714			
(City/State/Zip/Phone #)				
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COVER LETTER

Division of Corporations	
SUBJECT: Splash W1507, LLC	
	d Liability Company)
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Scott I. Merlin	
(Name of Person)
Cohen Pollock Merlin & Small,	
((Firm/Company)
3350 Riverwood Parkway, St	uite 1600 27 57
	(Address)
Atlanta, GA 30339	
(City	/State and Zip Code)
For further information concerning this matter, please	(Firm/Company) uite 1600 (Address) /State and Zip Code) call:
Scott I. Merlin	at (770) 858-1288 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ame: Limited Liability Company is:	
Splash W1507, Ll (Must end with the wor		ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A The mailing addre		rincipal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
(The Limited Liability 6 business entity with ar	Registered Agent, Registered	Mailing Address: Same Goffice, & Registered Agent's Signature: tered Agent. You must designate an individual or another registered agent are:
	Mary F. Thomas	
	Name	
	317 Regatta Bay Boulevard	·····
	Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
	Destin,	FL 32541
	City, State, a	·
liability compo registered agent o	any at the place designated in t and agree to act in this capacit	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance 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..

May F. Jhann Morean Manles
Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE I	V-	Manag	er(s)	or	Managing	Mem	ber	(s)	:
CT-1	•		^		•				_

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

"MGRM" = Managing Member MGRM	Mary F. Thomas 317 Regatta Bay Boulevard	
	Destin, Florida 32541	
		OTS
		ETAKONIE WORK
		0 19 PH 1: 02
(Use attachment if necessary)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
RTICLE V: Effective date, if other than	he date of filing: t be specific and cannot be more than five	(OPTIONAL) business days prior
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.)

Mary F. Thomas

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)