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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR MAR 1 0 2009

EXAMINER

## **COVER LETTER\***

Division of Cor					
SUBJECT: DESTI	N MANAGMENT	GROUP			
	(Name of Limit	ed Liability Con	ipany)		<del></del>
The enclosed Articles of	Organization and fee(s) are	submitted for fil	ing.		_
Please return all correspo	ndence concerning this mat	ter to the followi	ng:	, ,	OS HAR -S PH L. L'S
REESE D.	MILLS				100
		(Name of Person)	· · · · <del>-</del> ·		SSE S
DESTIN M	ANAGEMENT G	ROUP			Post F
<del></del>	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)			Ser of
4651 WINE	OSTARR DRIVE				7
		(Address)		•	<b>L</b> .
DESTIN FL	ORIDA 32541				
	(Cit	y/State and Zip Co	ode)		
For further information c	oncerning this matter, please	e call:			
REESE MILLS		<sub>at (</sub> 850	, 86558	348	
(Name o	of Person)	(Area C	ode & Daytime	Telephone Nun	aber)
Enclosed is a check for	the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fit Certified Conditional conditio		Certification Certified	Filing Fee, ate of Status & d Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton	Courier Addration Section on of Corporate Building	tions	

Tallahassee, FL 32301

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

A	DT	ICI	TC 1	т '	NI.	
А	КΙ	16 1	AK.	I -	Nai	ne:

The name of the Limited Liability Company is:

#### DESTIN MANAGEMENT GROUP L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Cou

Principal Office Address:	Mailing Address:	in the
4651 WINDSTARR DRIVE	SAME	
Destin, FL 32541		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

### JAMES BRANDON PATZIG

Name

#### 490 REGATTA BAY BLVD

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

# DESTIN FLORIDA 32541 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, F.S..

Registered Agent's Signature (REOUIRED)

(CONTINUED) Page 1 of 2

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

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

MGR	JAMES BRANDON PATZIG
MGRM	REEESE DARLEEN MILLS
(Use attachment if necessary)	
(CSC dimensione is necessary)	

#### **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.)

#### JAMES BRANDON PATZIG

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)