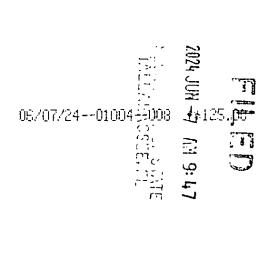
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INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ocean Walk 15	07. LLC		
		iability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and str	reet address of the principal o	fice of the Limited Liability Company	y is:
<u>Pr</u>	incipal Office Address:	Mailing	<u>z Address</u> :
300 N. Atlantic Daytona Beach		300 N. Atlantic Avenu Daytona Beach, FL 32	
•	h an active Florida registration	.)	e an individual or
•	h an active Florida registration treet address of the registered Registered Agent So	a.) agent are:	
•	treet address of the registered	agent are: utions, Inc. Name	
•	reet address of the registered Registered Agent So 2894 Remington Gre	agent are: utions, Inc. Name	
•	Registered Agent So 2894 Remington Gre Florida street addres Tallahassee, FL	n.) agent are: utions, Inc. Name n Ln. Ste. A (P.O. Box NOT acceptable) 32308	
•	Registered Agent So 2894 Remington Gre Florida street addres	n.) agent are: utions, Inc. Name n Ln. Ste. A (P.O. Box NOT acceptable)	2024 JUH -7 I
The name and the Florida s Having been named as regist place designated in this certifurther agree to comply with	Registered Agent So Registered Agent So 2894 Remington Gre Florida street addres Tallahassee, FL City ered agent and to accept serve ficate, I hereby accept the app the provisions of all statutes in the obligations of my position	n.) agent are: utions, Inc. Name n Ln. Ste. A (P.O. Box NOT acceptable) 32308	ed liability company at the to act in this capacity. Someone of my duties, and l Chapter 605. F.S.

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	Dianne Spitzform 300 N. Atlantic Avenue Daytona Beach, FL 32118		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date	e of filing:	. (OPTIONAL)	
If an effective date is listed, the date must be sp he date of filing.) Note: If the date inserted in this block does not	necific and cannot be more than five busines	s days prior to or 906days	: after isted as
the document's effective date on the Department	of State's records.		
ARTICLE VI: Other provisions, if any.		-7 <i>/</i>	
			-
REOUIRED SIGNATURE:		9:47 Fire	<u></u>
	itelfayellield		
This document is execu	ember or an authorized representative of a ated in accordance with section 605.0203 (1) (see information submitted in a document to the	(b), Florida Statutes.	

constitutes a third degree felony as provided for in s.817.155, F.S.

Samantha Niels, Organizer

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)