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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HAILE, SHAW & PFAFFENBERGER, P
Account Number : 076326003550
Phone : (561) 627-8100
Fax Number : (561) 622-7603

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
1604 EAST GULF BEACH LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
1604 EAST GULF BEACH LLC**

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the limited liability company is 1604 East Gulf Beach LLC (the "Company"),

ARTICLE II - ADDRESS

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

Principal Office Address:
2766 Hidden Beaches Rd
Carrabelle, FL 32322

Mailing Address:
PO Box 967
Carrabelle, FL 32322

ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A.
660 U.S. Highway One - Third Floor
North Palm Beach, FL 33408

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 605, F.S.

Haile Shaw & Pfaffenberger, P.A.

By: 
Philip M. DiComo, Esquire

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ARTICLE IV — MANAGEMENT

The name and address of the person authorized to manage the Company:

<u>Title</u>	<u>Name and Address</u>
AMBR	Judith A. Eck, Trustee of the Judith A. Eck 2006 Revocable Trust 2766 Hidden Beaches Rd Carrabelle, FL 32322

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TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE


Philip M. DiComo, Authorized Representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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