

L01000017657

LAW OFFICE  
J. PATRICK FLOYD

REPLY TO:  
408 LONG AVENUE  
POST OFFICE DRAWER 950  
PORT ST. JOE, FLORIDA 32457-0950  
(850) 227-7413

July 16, 2001

20 AVENUE D, SUITE 208  
POST OFFICE BUILDING  
APALACHICOLA, FLORIDA 32320  
(850) 653-2709

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-07/20/01--01081--008  
\*\*\*\*125.00 \*\*\*\*125.00

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

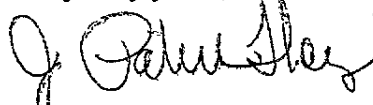
Re: Articles of Organization of The Camp Palms Company, L.L.C.

Dear Sir:

Enclosed please find original and copy of Articles of Organization of The Camp Palms Company, L.L.C. I have also enclosed my check in the amount of \$125.00 for your filing fee. Please return same to my office in Port St. Joe at P. O. Box 950, Port St. Joe, FL 32457.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
J. Patrick Floyd

JPF/pb

Enclosure: as stated

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 14, 2001

J. PATRICK FLOYD  
408 LONG AVE  
POST OFFICE DRAWER 950  
PORT ST JOE, FL 32457-0950

SUBJECT: THE CAMP PALMS COMPANY, L.L.C.  
Ref. Number: W01000017018

We have received your document for THE CAMP PALMS COMPANY, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 20, 2001. Please amend your document accordingly.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan  
Document Specialist

Letter Number: 401A00043073

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 18, 2001

J. PATRICK FLOYD  
408 LONG AVE  
POST OFFICE DRAWER 950  
PORT ST LUCIE, FL 32457-0950

We have received your document for THE CAMP PALMS COMPANY, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan  
Document Specialist

Letter Number: 001A00049695

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
THE CAMP PALMS COMPANY, L.L.C.**

The undersigned, pursuant to the provision of Chapter 608 of the Florida Statutes (the "Florida limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is The Camp Palms Company, L.L.C., (hereinafter referred to as the "Company").

1. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company. The effective date of the Limited Liability Company shall be December 20, 2000.

2. PURPOSE.

The purpose for which the Company is organized is to purchase, own, sell, mortgage, and do everything incidental or necessary relating to real property and personal property, including farming, timber farming, development, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

3. ADDRESS OF PLACE OF BUSINESS.

The street address of the place of business in Florida for the Company is: 1249 Indian Pass Road, Port St. Joe, Florida. The mailing address of the place of business in Florida for the Company is: 1249 Indian Pass Road, Port St. Joe, Florida. Such address may be changed from time to time as provided in the Operating Agreement.

4. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: David Earl Miller and the registered office is located at 1249 Indian Pass Road, Port St. Joe, Florida.

5. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: \$15,000.00 (Equipment - J/D Tractor, etc.)

6. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

7. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least one (1) member (the "Member"). New Member may be admitted in the manner provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The management of the Company shall be reserved to the Members. In the event of the death of a Manager, the remaining Manager(s) shall serve until the next meeting of the Members and until a successor (if any is elected) for the deceased Manager is qualified. The names and addresses of the Members who are to serve as the managing Members (the "Managers") until the first annual meeting of Members or until their successors are duly elected and qualified are as follows:

1. David Earl Miller, 1249 Indian Pass Road, Port St. Joe, FL 32456
2. Jane Craig Miller, 1249 Indian Pass Road, Port St. Joe, FL 32456

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Port St. Joe, Gulf County, Florida on the 16<sup>th</sup> day of July, 2001.

By: David Earl Miller  
DAVID EARL MILLER

By: Jane Craig Miller  
JANE CRAIG MILLER

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TALLAHASSEE, FLORIDA

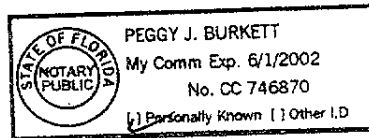
STATE OF FLORIDA  
COUNTY OF GULF

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of July, 2001,  
DAVID EARL MILLER and JANE CRAIG MILLER members of THE CAMP PALMS  
COMPANY, L. L.C., a Florida limited liability company, on behalf of the company. They are  
personally known to me or gave produced personally known identification.

NOTARY PUBLIC

(SEAL)

Peggy J. Burkett



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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: THE CAMP PALMS COMPANY, L.L.C.
2. The name and address of the registered agent and office is:

David Earl Miller  
1249 Indian Pass Road  
Port St. Joe, Florida 32456

Signature David Earl Miller  
Title Manager  
Date July 16, 2001

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.

Signature: David Earl Miller

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