ACCOUNT NO.: 072100000032

REFERENCE: 503138

**AUTHORIZATION:** 

COST LIMIT : \$ 125.00

ORDER DATE: March 28, 2002

ORDER TIME : 3:46 PM

ORDER NO. : 502138-005

CUSTOMER NO: 7248357

CUSTOMER: Ms. Donna Lundy

Salma H. Ahmed

Suite 201

980 Canton Street, Bldg. 2

Roswell, GA 30075

DOMESTIC FILING

AMELIA ISLAND ART GALLERY @ NAME:

MAIN BEACH L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

ARTICLES OF ORGANIZATION

Name please return the following as proof of filing: Availability

CERTIFIED COPY DocumenXX

DCC

Actino ledgement

PLAIN STAMPED COPY Examiner DERTIFICATE OF GOOD STANDING

Updater CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: Hodater

Verifyer

DCC

K. P. Verifyer DCC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Co   | ompany is:  |  |  |
|--|---|--|--|
| AMELIA ISLAND ART GALLERY @  |   |  |  |
| ARTICLE II - Address: The mailing address and street addre   | ss of the principal off   | ice of the Limited L   | iability Company is:                               |
| 980 CANTON STREET, SUITE 201   | , ROSWELL, GEORGIA  | A 30075  |  |
| ARTICLE III - Registered Agent,  | Registered Office, &  | Registered Agent   | 's Signature:                                      |
| The name and the Florida street add  | ess of the registered a   | gent are:  |  |
|  | SALMA H. AH   | IMED   |  |
| -  | Name  |  |  |
| 2  | 900 ATLANTIC AVEN   | UE, SUITE 2  |  |
| Florida  | street address (P.O. Box 1  | NOT acceptable)  | <del>-</del>                                       |
| FERI   | MANDINA BEACH F   | L 32034  |  |
|  | City, State, and Zi   | p  | APR  |
| liability company at the place design registered agent and agree to act in statutes relating to the proper and caccept the obligations of my position SALMA  By: | this capacity. I further<br>omplete performance o                           | r agree to comply wing my duties, and I an | ith the provisions of all<br>m familiar with and 🥃 |
| Article IV - Management (Check The Limited Liability Compan therefore, a manager - manage  | y is to be managed by   | one manager or mo  | re managers and is,                                |
| (An additional)  | cle must be added if ar   | n effective data is re   | equested)  |
| anature of a me  | ember or an authorized r  | epresentative of a me  | mber.  |
| of this document   | rith section 608.408(3), Floconstitutes an affirmation ed herein are true.) |  |  |
|  | SALMA H. AHM  | ED   |  |
|  | Typed or printed name   | of signee  | <del>-</del>                                       |

## Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)