

October 12, 2002
L02000027987

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

800008379738-1
-10/15/02-01063-010
****135.00 ****135.00

REF: Articles of Organization for
LLC

Enclosed are the Articles of Organization
to establish Coastal Concierge, LLC and
a check in the amount of \$135.00
to cover filing fee, certified copy
and Certificate of Status.

If you have questions or need
further information, please feel free
to contact me at the phone number
listed below.

Sincerely,

Peta J. Strickland
P.O. Box 503
Lanark Village, FL 32323
(850) 697-5500

W02-29829
10/22/02
108 611, 671



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 16, 2002

RITA STRICKLAND
PO BOX 503
LAMARK VILLAGE, FL 32323

SUBJECT: COASTAL CONCIERGE, LLC
Ref. Number: W02000029829

We have received your document for COASTAL CONCIERGE, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 502A00057623

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Coastal Concierge, LLC

ARTICLE II - Address:

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

P.O. Box 503 2610 3rd Street
Lanark Village, FL 32323 Carrabelle, FL 32322

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Rita J. Strickland
Name
2610 3rd Street
Florida street address (P.O. Box **NOT** acceptable)
Carrabelle, FL 32322
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.

Rita J. Strickland
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Rita J. Strickland
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.)

Rita J. Strickland
Typed or printed name of signee

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)