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LIMITED LIABILITY COMPANY

Emerald Coast Partners, L.L.C.

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**ARTICLES OF ORGANIZATION
OF
Emerald Coast Partners, L.L.C.**

ARTICLE I NAME

The name of the limited liability company shall be: Emerald Coast Partners, L.L.C.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 489 Captains Circle, Destin, Florida 32541.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: John E. Hadder, 489 Captains Circle, Destin, Florida 32541. Located in the County of Okaloosa.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

John Hadder, 489 Captains Circle, Destin, Florida 32541


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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FAX AUDIT # 4020002372397**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, 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.

The name of the limited liability company is: **Emerald Coast Partners, L.L.C.**

The name and address of the registered agent and office is John E. Hadder, 489 Captains
Circle, Destin, Florida 32541. Located in the County of Okaloosa.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature: 

John E. Hadder

Date: December 12, 2002

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