L02000033794

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

L02-33794
QL

NICKOLAS G. PETERSEN, P.A.

ATTORNEY AT LAW
12 OLD FERRY ROAD
POST OFFICE BOX 876
SHALIMAR, FLORIDA 32579

RESIDENCE (850) 269-2715
E-MAIL: ngp1944@aol.com

(850) 651-0354
FAX (850) 651-0023

December 12, 2002

Secretary of State
Division of Corporations
The Capitol Building
P. O. Box 6327
Tallahassee, FL 32314

RE: ***COMPASS BUILDERS OF FLORIDA, LLC - LIMITED LIABILITY COMPANY***

Dear Sir:

Enclosed please find the original and one copy of the Articles of Organization for Florida Limited Liability Company. The name of the Limited Liability Company is Compass Builders of Florida, LLC.

Also enclosed is a check in the amount of $155.00 for the filing fee ($125.00) and one certified copy ($30.00) to be returned to my office.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

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02 DEC 16 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

NICKOLAS G. PETERSEN
NGP:lm

Enclosures: a/s

C:\WP\CORP\Compass\Ltr-Secretary of State-LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Compass Builders of Florida, LLC

ARTICLE II - Address:

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

275 Chipola Cove
Destin, FL 32541

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual.

ARTICLE IV - Management:
(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Terry Jones and Lucy Catherine Jones
275 Chipola Cove, Destin, FL 32541

☐ The Limited Liability company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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02 DEC 16 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

subject to the approval of all current members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on 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 limited liability company shall be:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TERRY JONES
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Compass Builders of Florida, LLC

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

Terry Jones
Name

275 Chipola Cove
Florida street address (P.O. Box NOT Acceptable)

Destin, FL 32541
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 any accept the obligations of my position as registered agent.

Signature - Terry Jones

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02 DEC 16 AM 9:57
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TALLAHASSEE, FLORIDA

L02000034505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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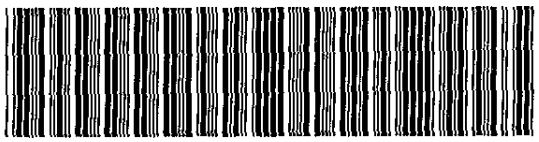

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12/20/02--01044--017 **125.00

LL 12/23

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02 DEC 20 PM 12:21
DIVISION OF CORPORATION

W02-35577

J. BRYAN DEC 20 2002

FILED
02 DEC 20 PM 1:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Abbott Resorts, LLC

FILED
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DIVISION OF CORPORATIONS
02 DEC 20 PM 1:25

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership (X) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name 12/20/02 Order#: 5744815
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Verifier _____
W.P. Verifier _____ Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 20, 2002

CT CORPORATION SYSTEM

SUBJECT: ABBOTT RESORTS, LLC
Ref. Number: W02000035577

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DIVISION OF CORPORATIONS
02 DEC 20 PM 1:25

We have received your document for ABBOTT RESORTS, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Joey Bryan
Document Specialist

Letter Number: 502A00066956

Fixed! Please refile and back date Ashley

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02 DEC 20 PM 3:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Abbott Resorts, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

530 Oak Court Drive, Suite 360, Memphis TN 38117

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

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

C T Corporation System
Name

c/o C T Corporation System,1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation **FL 33324**
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.

By: **C T Corporation System** John J. Linihan
Registered Agent's Signature

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DIVISION OF CORPORATIONS

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

Karen M Ray
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.)

Karen M Ray, Organizer Karen M. Ray
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)