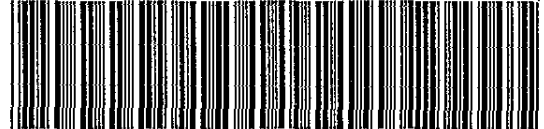


L03000014510

FILED

03 APR 22 PM 2:1

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



500016369065

04/22/03--01050--005 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AL

Office Use Only

LAW OFFICES  
**SHULER AND SHULER**

34 FOURTH STREET

POST OFFICE DRAWER 850

APALACHICOLA, FLORIDA 32329

J. GORDON SHULER  
THOMAS M. SHULER  
—  
OF COUNSEL  
ALFRED O. SHULER

April 17, 2003

FILED

03 APR 22 PM 2:26

TELEPHONE: (850) 653-9226

FACSIMILE: (850) 653-3382

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

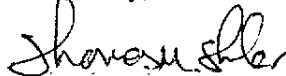
Re: Palm Wave, LLC

Dear Sir/Madam:

Enclosed you will find the Articles of Organization for Florida Limited Liability Company for Palm Wave, LLC. You will also find a check payable to the Division of Corporation in the amount of \$125.00, for your filing fee.

Thank you for your attention to this, and please let me know if you need any additional information.

Sincerely,



Thomas M. Shuler

TMS:bs  
Enc: As Stated  
xc: Clients

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is: PALM WAVE, LLC

03 APR 22 PM 2: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

Post Office Box 189, 15-11th Street, Apalachicola, Florida 32320

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

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

JOAN E. STANTON

Name

15-11th Street,

Florida street address (P.O. Box **NOT** acceptable)

Apalachicola

FL

32320

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.*

Registered Agent's Signature

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

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.)

Thomas M. Shuler

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)