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Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : BEGGS & LANE
Account Number : I20020000155
Phone : (850) 432-2451
Fax Number : (850) 469-3331

EFFECTIVE DATE
6-23-03

RECEIVED
03 JUN 23 PM 3:07
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Perdido Bay Golf Beverage, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

603-22799
OK

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is Perdido Bay Golf Beverage, LLC.

ARTICLE II - Address

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

5000 Highway 39 North
Meridian, Mississippi 39301

ARTICLE III - Duration

The period of duration of the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by a manager in accordance with the company's operating agreement. The initial manager shall be Thomas D. Crowson.

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company are:

William H. Mitchem
501 Commendencia Street
Pensacola, Florida 32501

ARTICLE VI - Effective Date

Pursuant to section 608.409(1), Florida Statutes, the effective date for the beginning existence of

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FILED
JUN 23 2003
EFFECTIVE DATE
6-23-03
16

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the limited liability company shall be June 23, 2003.

6/23/03
Dated

[Signature]
William H. Mitchem, Authorized
Representative of Member

FILED
JUN 23 16 3 10
TALLAHASSEE, FLORIDA

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

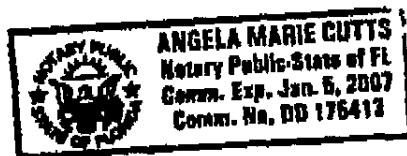
6/23/03
Dated

[Signature]
William H. Mitchem

STATE OF FLORIDA
COUNTY OF ESCAMBLA

The foregoing Articles of Organization and Registered Agent Acceptance was acknowledged before me by William H. Mitchem on June 23 2003; William H. Mitchem is personally known to me or produced _____ as identification.

-SEAL-



Angela Marie Cutts
NOTARY PUBLIC

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