

L03000025929

Florida Department of State
Division of Corporations
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(((H03000233937 9)))

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

From: Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

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DIVISION OF CORPORATION

026758/0102 #0717

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LIMITED LIABILITY COMPANY

Augustine Island, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

07/15/2003
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FILED
7-16-03

Fax Audit No. H03000233937

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Augustine Island, LLC

ARTICLE II - Address:

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

Principal Office Address:

6 Fairfield Boulevard, Suite 3
Ponte Vedra Beach, FL 32082

Mailing Address:

same

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

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

F&L Corp.
Name
200 Laura Street North
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL FL 32202
City, State, and Zip

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STATE
TALLAHASSEE FLORIDA

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.

F&L CORP.

By: Charles V. Hedrick

Registered Agent's Signature

Charles V. Hedrick, its Authorized Signatory

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

AIP Corp.
6 Fairfield Boulevard, Suite 3
Ponte Vedra Beach, FL 32082

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Charles V. Hedrick

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.)

Charles V. Hedrick, Authorized Representative of Member

Typed or printed name of signer

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)

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 SECRETARY OF STATE
 FALL AHRMSSTF, FLORIDA
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 FILED