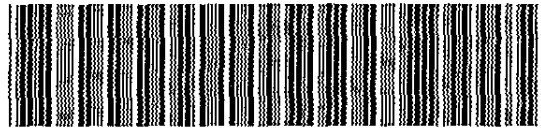


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Offices of
Artice L. McGraw, P.A.
Attorney and Counselor at Law
817 North Palafox Street
Pensacola, Florida 32501-5681

Personal Injury
Wrongful Death
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and Alabama

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Telephone: (850) 438-4036
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 19, 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Slips Cordova, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Artice L. McGraw, Esq.
817 N. Palafox Street
Pensacola, Florida 32501

For further information concerning this matter, please call:

David Bright (paralegal for Artice L. McGraw) at (850) 438-4036

Mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

03 DEC 22 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
Slips Cordova, LLC

ARTICLE II - Address:

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

Principal Office Address:

3820 Saber Tooth Circle
Gulf Breeze, FL 32563-3519

Mailing Address:

3820 Saber Tooth Circle
Gulf Breeze, FL 32563-3519

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

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

Name: **Robert Macon**

Florida street address: **3820 Saber Tooth Circle
Gulf Breeze, FL 32563-3519f**

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, Florida Statutes.



Registered Agent's Signature

FILED

03 DEC 22 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title

Name and Address:

"MGR" = Manager

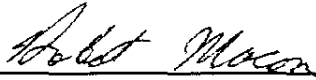
"MGRM" = Managing Member

MGRM

**Robert Macon
3820 Saber Tooth Circle
Gulf Breeze, Florida 32563-3519**

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

REQUIRED SIGNATURE:



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.)

Typed or printed name of signee: Robert Macon

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)