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Division of Corporation

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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : RAYMOND B. PALMER

Account Number : I20000000029
Phone : (850)916-1000

Fax Number

: (850) 916-0080

LIMITED LIABILITY COMPANY

Scenic Bay, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCENIC BAY, L.C.

ARTICLE II - Address:

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

913 Gulf Breeze Parkway Suite 41 Gulf Breeze, FL 32561

ARTICLE III - Duration:

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

Perpetual

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members in accordance with the company's operation agreement.

Dated: January 14, 2004

Raymond B. Palmer, Authorized Representative of the Members

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE AND ACCEPTANCE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: SCENIC BAY, L.C.
- 2. The name and address of the registered agent and office is:

Raymond B. Palmer, Esquire 913 Gulf Breeze Parkway, Suite 41 Gulf Breeze, Florida 32561

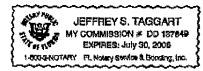
REGISTERED AGENT ACCEPTANCE

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 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 company 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.

Raymond B. Palmer

STATE OF FLORIDA COUNTY OF ESCAMBIA

The foregoing Registered Agent Acceptance was subscribed and sworn to before me by Raymond B. Palmer who is personally known to me.



Notary Duffic
Jeffrey Taggart

January Tz