

LO40000003961

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000009477 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FRANK H. PEE, III, ESQUIRE
Account Number : T19990000154
Phone : (772)461-5020
Fax Number : (772)468-8461

LIMITED LIABILITY COMPANY

Yancy's Piling Wraps LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

APPROVED
AND
FILED
04 JAN 14 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JAN 14 PM 3:16
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

YANCY'S PILING WRAPS LLC

ARTICLE II - Address:

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

Principal Office Address:

200 Naco Rd.

Fort Pierce, Florida 34946

Mailing Address:

200 Naco Rd.

Fort Pierce, Florida 34946

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

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

FRANK H. FEE, IV, ESQUIRE

Name

401 South Indian River Drive

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

Fort Pierce

FLORIDA 34950

City, State, and Zip

04 JAN 14 AM 10:47
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

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

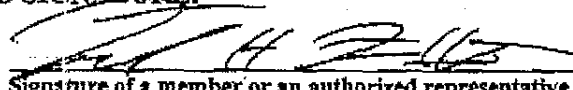
Name and Address:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Use attachment if necessary)

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.)

FRANK H. FEE, IV, ESQUIRE

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)

APPROVED
AND
FILED
04 JAN 14 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division Jan. 14. 2004 2:42 PM

No. 286 P. 1 Page 1 of 1

L040000003960

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000009134 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LEO J. SALVATORI
Account Number : I20030000112
Phone : (239) 263-1480
Fax Number : (239) 649-0158

04 JAN 14 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY

Perdido Key Development, L C

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

RECEIVED
04 JAN 14 PM 3:15
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

JB
1-1504

Jan. 14. 2004 2:43PM

No. 2186 P. 5



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 14, 2004

LEO J. SALVATORI

SUBJECT: PERDIDO KEY DEVELOPMENT, LC
REF: W04000001931

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H04000009134
Letter Number: 004A00002709

04 JAN 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

H04000009134 3

**ARTICLES OF ORGANIZATION OF
PERDIDO KEY DEVELOPMENT, LC**

The undersigned member hereby certifies that the members have associated themselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be PERDIDO KEY DEVELOPMENT, LC, (the "Company").

ARTICLE II

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 15000 Emerald Coast Parkway, Destin, Florida 32541.

ARTICLE III

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows: Salvatori & Wood, P.L., 4001 Tamiami Trail North, Suite 330, Naples, Florida 34103.

ARTICLE IV

DURATION

This Company shall exist until December 31, 2054, unless sooner dissolved in a manner provided by law, as herein set forth or as provided in the Regulations adopted by the members.

ARTICLE V

MANAGEMENT

The Company will be managed by a manager in accordance with the Company's regulations. The name and address of the initial manager is as follows:

Name

Address

Thomas R. Bechel

15000 Emerald Coast Parkway
Destin FL 32541

04 JAN 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Jan. 14. 2004 .2:43RM

No. 2186 P. 3

H04000009134 3

ARTICLE VI

MEMBERSHIP

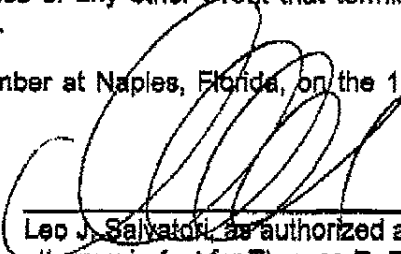
The Manager shall have the right to admit new members upon making such contributions as are set out in the Regulations, and otherwise complying with and agreeing to the terms and provisions of the Regulations. Additional members may also be admitted by the affirmative vote of two-thirds of the membership.

ARTICLE VII

MEMBERS' RIGHTS TO CONTINUE BUSINESS

The existence of the Company shall continue, notwithstanding the death, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company.

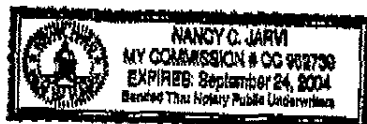
Executed by the undersigned member at Naples, Florida, on the 14th day of January, 2004.


Leo J. Salvatori, as authorized agent and
attorney-in-fact for Thomas R. Bechel
15000 Emerald Coast Parkway
Destin FL 32541

State of Florida
County of Collier

This foregoing instrument was acknowledged before me this 14th day of January, 2004, by Leo J. Salvatori, as authorized agent and attorney-in-fact for Thomas R. Bechel. He is personally known to me.

NOTARY SEAL




Notary Public (print name below)

Nancy C. Jarvi
My commission expires:

ACCOUNT
AND
FILED
04 JAN 14 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jan. 14. 2004 . 2:43PM

No. 2186 P. 4

H04000009134 3

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND
REGISTERED AGENT**

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

The name of the limited liability company is **PERDIDO KEY DEVELOPMENT, LC.**

The name of the initial registered agent of the limited liability company is **SALVATORI & WOOD, P.L.**, and the address of the office of the registered agent is **4001 Tamiami Trail North, Suite 330, Naples, Florida 34103.**

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, I hereby accept the appointment as registered agent and agree to act in that 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.


SALVATORI & WOOD, P.L.

By: LEO J. SALVATORI, as Manager

Date: January 14, 2004

04 JAN 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED