

# Florida Department of State

Division of Corporations Public Access System

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(((H04000015130 3)))

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To:

Division of Corporations

Account Name

Fax Number : (850)205-0383

From:

: FOLEY & LARDNER Account Number : 072720000061

Phone (904)359-2000 Fax Number : (904)359-8700

## LIMITED LIABILITY COMPANY

### Conch House Development, LLC

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

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J BRYAN JAN 22 2004

Fax Audit No. H04000015130

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

		Fax Audit No. H04000015130			
	FLORIDA LIM	ES OF ORGANI FOR IITED LIABILII		ALION S	MAZ PHI Z
ARTICLE I - Nag The name of the Li	ne: imited Liability Com	ipa <b>ny i</b> s:			CORIONS
Conch House Devel	opment, LLC	-	_		<u> </u>
ARTICLE II - Ad The mailing address Principal Office A	ss and street address	- •	fice of the Limit	-	any is:
Ponte Vedra Beach,		<del></del>			
	egistered Agent, Re Florida street address			gent's Signature:	<del>-</del>
	F&L Corp.	Name			
	200 Laura Street Nor Florida street ad	th Idress (P.O. Box <u>NOT</u>	acceptable)		
	Jacksonville	FLOR	IDA 32202		2

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..

F&L CORP.

Registered Agent's Signature

Charles V. Hedrick, Authorized Signatory

Page 1 of 2 (CONTINUED)

#### Fax Audit No. H04000015130

	ing Member(s): or Managing Member is as follows:  Name and Address:				
ARTICLE IV- Manager(s) or Managi	ng Member(s):				
The name and address of each Manager	or Managing Member is as follows:				
	The state of the s				
Title:	Name and Address:				
"MGR" = Manager	70, 60, <b>74</b>				
"MGRM" = Managing Member					
MGRM	Michael Johnigean				
	110 South Serenata Drive, Unit 431				
	Ponte Vedra Beach, FL 32082				
22.00					
(Use attachment if necessary)					
NOTE: An additional article must be	added if an effective date is requested.				
	PERCONAL PROPERTY OF CHAPTER IN A STATE OF CHAPTER				
REQUIRED SIGNATURE:	A Cut				
Signature of a member or an a	nthorized representative of a member.				
(in accordance with section 608, of this document constitutes an a that the facts stated herein are to	408(3), Fiorida Statutes, the execution offirmation under the penaltics of perjury ue.)				

Filing Fees: \$100.00 Filing Fee for Articles of Organization

David C. Cook

\$ 25.00 Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee