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SECRETARY OF STATE

TRANSMITTAL LETTER

	egistration Section vision of Corporations	
SUBJECT		
	(Name of Limited Liability Company)	EFFECTIVE
The enclos	ed Articles of Organization and fee(s) are submitted for filing.	-
	Please return all correspondence concerning this matter to the following:	
	_	
	_	
		
	(City/State and Zip Code)	2 ≦∞
For further	information concerning this matter, please call:	SECRETAR JEGGETAR O4 MAR 12
	CONNIE THARPE at (850) 785-4412	
	(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



The name of the Limited Liability Company is:		
RESOTA BEACH CONSU	LTING, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company i	
Principal Office Address:	Mailing Address:	
4211 DEER POINT LAKE DRIVE	4211 DEER POINT LAKE DRIVE	
PANAMA CITY, FLORIDA 32409	PANAMA CITY, FLORIDA 32409	
	egistered agent are:	
The name and the Florida street address of the re	DSON MAR	
The name and the Florida street address of the re WILLIAM G. HUI	DSON AKE DRIVE	
Name	DSON AKE DRIVE	
The name and the Florida street address of the re- WILLIAM G. HUI Name 4211 DEER POINT L	DSON AKE DRIVE Box NOT acceptable) FLORIDA 32409	

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

Page 1 of 2 (CONTINUED)

	The name and address of each Manager or Managing Member is as follows:				
	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	MGRM	WILLIAM G. HUDSON			
		4211 DEER POINT LAKE DRIVE			
		PANAMA CITY, FLORIDA 32409			
					
					
			_ 0	± ESS	
ADD ARTICLE	(Use attachment if necessary) E ARTICLE V - EFFECTIVE DATE	P.F.	2004		
		is Company shall be APRIL 1,	2004 2004		
	NOTE: An additional article must be	added if an effective date is requested.	Ž		
	REQUIRED SIGNATURE:	J. Heden	AM 10: 53	STATE PRATIONS	
	Signature of a member or an authorized representative of a member.				
	(In accordance with section 608 of this document constitutes an a that the facts stated herein are tr	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)			
	WILLIA	M G. HUDSON			
	Typed or pr	inted name of signee			

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

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)