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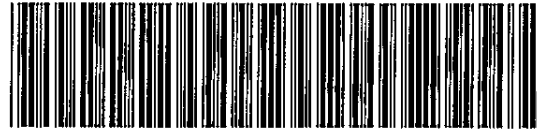
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Coastal Properties of  
N.W. Florida, L.C.

- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☐ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

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**ARTICLE OF ORGANIZATION**  
**OF**  
**COASTAL PROPERTIES OF NW FLORIDA, L.C.**

FILED  
04 JUL -8 AM 9:31  
TALLAHASSEE, FLORIDA  
SEC. OF STATE

The undersigned subscriber, hereby forms a limited liability company under the laws of the State of Florida, Florida Statutes, Chapter 608 as follows:

**ARTICLE I**

The name of this limited liability company shall be COASTAL PROPERTIES OF NW FLORIDA, L.C.

**ARTICLE II**  
**DURATION**

This limited liability company shall exist no longer than thirty (30) years from the date of filing with the Department of State.

**ARTICLE III**  
**PURPOSE AND POWERS**

This limited liability company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This limited liability company shall have all powers enumerated in Chapter 608 mentioned above.

**ARTICLE IV**  
**PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal place of business of the limited liability company is at 4355 Stonebridge Rd., Destin, FL 32541. The mailing address of the limited liability company is 4355 Stonebridge Rd., Destin, FL 32541.

**ARTICLE V**  
**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this limited liability company is 308 Sand Myrtle Trail, Destin, FL 32541 and the name of the initial registered agent at that address is ALEXANDRA BROWN.

**ARTICLE VI**  
**CAPITAL**

The capital of the limited liability company that will be contributed shall be the following:

A. Personal Property: None

B. Real Property:

No real property is being contributed to the limited liability company.

C. Total of All Property to Be Contributed:  
None

No future capital is anticipated to be contributed at this time.

#### **ARTICLE VII** **MANAGEMENT**

The name and address of the sole manager of the limited liability company is as follows:

William G. Cooper  
4355 Stonebridge Rd.  
Destin, FL 32541

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

#### **ARTICLE VIII** **INITIAL MEMBERS**

The names and addresses of the members of this limited liability company are as follows:

William G. Cooper  
4355 Stonebridge Rd.  
Destin, FL 32541

#### **ARTICLE IX** **ADDITIONAL MEMBERS**

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all the members of the company existing at that time.

#### **ARTICLE X** **DISSOLUTION**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated unless the business is continued by the consent of all remaining members.

#### **ARTICLE XI** **TRANSFER OF INTEREST**

A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the limited liability company unless prior written consent is obtained by the transferor from all remaining members.

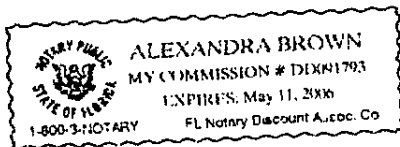
IN WITNESS WHEREOF, the undersigned, being the members named herein, have hereunto set their hands and seals on this the 3<sup>rd</sup> day of July, 2004, for the purpose of forming a limited liability company to do business both within and without the State of Florida and do make and file in the Office of the Secretary of State of Florida these Articles of Organization and certify that the facts herein stated above are true.

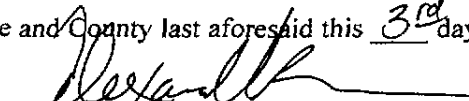
  
WILLIAM G. COOPER  
Member

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was executed and acknowledged before me this 3<sup>rd</sup> day of July, 2004 by WILLIAM G. COOPER who personally appeared and who has produced a valid driver's license as identification and did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 3<sup>rd</sup> day of July, 2004.



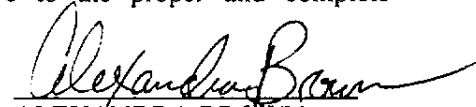
  
ALEXANDRA BROWN  
NOTARY PUBLIC  
My commission expires:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, Florida Statutes, the following is submitted: COASTAL PROPERTIES OF NW FLORIDA, L.C., desiring to organize under the laws of the State of Florida with its principal place of business at 4355 Stonebridge Rd., Destin, FL 32541, has named ALEXANDRA BROWN as its agent to accept service of process within the State of Florida and whose address is 308 Sand Myrtle Trail, Destin, FL 32541.

  
WILLIAM G. COOPER  
Member

Having been named to accept service of process for the above named corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties.

  
ALEXANDRA BROWN  
Registered Agent