·L04000053332

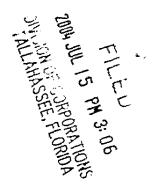
| (Requestor's Name) | | |
|-------------------------|--------------------|-------------|
| | | |
| (Ad | ldress) | |
| | | |
| (Ad | idress) | |
| | | |
| (Cit | ty/State/Zip/Phon | e#) |
| | | |
| PICK-UP | TIAW | MAIL |
| | | |
| (Ri | ısiness Entity Nar | mal |
| (50 | ionicoo Linuty Mai | nie) |
| | | |
| (De | ocument Number) | , |
| • | | |
| Certified Copies | Certificate: | s of Status |
| · | | |
| Special Instructions to | Filing Officer: | |
| · | - | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600039120156

07/15/04--01065--005 **125.00



TRANSMITTAL LETTER

| | ation Section n of Corporations |
|-------------------|---|
| DIVISIO | Tor Corporations |
| SUBJECT: IS | LAND TOWN CENTER, LLC |
| | (Name of Limited Liability Company) |
| The enclosed Ar | AND TOWN CENTER, LLC (Name of Limited Liability Company) ticles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: R. Clay Powell |
| | Please return all correspondence concerning this matter to the following: |
| | R. Clay Powell |
| | (Name of Person) |
| Co | leman, Talley, Newbern, Kurrie, Preston & Holland |
| | (Firm/Company) |
| P.O. Box | k 5437, 910 N. Patterson St. |
| | (Address) |
| | Valdosta, GA 31603-5437 |
| | (City/State and Zip Code) |
| For further infor | mation concerning this matter, please call: |
| R. Clay Powell | at (229) 242-7562 |
| - | (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

| SHAND SONO | |
|----------------|--|
| TASKE SOR TONG | |

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISLAND TOWN CENTER, LLC

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|-------------------------|
| Ambling Companies, Inc. | Ambling Companies, Inc. |
| 348 Enterprise Drive | 348 Enterprise Drive |
| Valdosta, GA 31601 | Valdosta, GA 31601 |

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

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

| . · · | Name |
|----------------|--|
| 1200 South Pin | e Island Road |
| Florida st | reet address (P.O. Box NOT acceptable) |
| Plantation | . FLORIDA 33324 |
| | City, State, and Zip |

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 SignaturgOAN BOIDEN

ASSISTANT SECRETARY

Page 1 of 2 (CONTINUED)

| ARTICLE IV- Manager(s) or Manager The name and address of each Manager | | Mary State of the |
|--|--|--|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | A CONTRACTOR OF THE PARTY OF TH |
| MGR | Ambling Land & Resort Holdings, LLC | 3604 |
| | 348 Enterprise Drive | - 🤝 🗸 |
| | Valdosta, GA 31601 | |
| _ · · | | _ |
| | Name of the Control o | <u>-</u> |
| | _ | - |
| | e <u>n</u> | <u> </u> |
| | والمرافي والمرافي والمرافي والمرافي | |
| | | — — |
| | | |
| and the second s | | |
| | <u> </u> | - : |
| | | |
| (Has attachment if necessary) | | • |
| (Use attachment if necessary) | | |
| | | |
| | | |
| NOTE: An additional article must be | added if an effective date is requested. | |
| | | |
| REQUIRED SIGNATURE: | 2 ell | , , , |
| Signature of a member of an a | uthorized representative of a member. | - |
| (In accordance with section 608, of this document constitutes an a | 408(3), Florida Statutes, the execution offirmation under the penalties of perjury | |

7 2 17

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

R. Clay Powell

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee