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2004 SEP - 8 AM 9:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04 SEP - 8 PM 4:49
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BRYAN SEP - 9-2004

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 09-08-04

REF. #: 0500.29721

CORP. NAME: RN DEVELOPERS, LLC

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2004 SEP -8 AM 9:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 509606 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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

FILED
2004 SEP -8 AM 9:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

RN Developers, LLC

ARTICLE II - Address:

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

Principal Office Address:

12135 Panama City Beach Parkway

Panama City Beach, Florida 32407

Mailing Address:

12135 Panama City Beach Parkway

Panama City Beach, Florida 32407

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

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

Terry Nadeau

Name

12135 Panama City Beach Parkway

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

PANAMA CITY BEACH

FLORIDA 32407

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 Signature

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Managing Member

Terry Nadeau

12135 Panama City Beach Parkway

Panama City Beach, Florida 32407

Managing Member

Kristopher M. Retherford

12135 Panama City Beach Parkway

Panama City Beach, Florida 32407


n/a

n/a

(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.)

Terry Nadeau

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)

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

September 8, 2004

FILED
2004 SEP -8 AM 9:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Secretary of State
409 East Gaines Street
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Cherokee Ranch Partnership, LLP**

Dear Madam/Sir:

LLP040003198-3
09/09/04--01002--005 **25.00

Enclosed for filing are the original and one copy of the Statement of Qualification for the Florida Limited Liability Partnership of **Cherokee Ranch Partnership, LLP**. Also enclosed is this firm's check in the amount of \$50.00 to cover the LLP filing fee.

I would appreciate your calling me at 425-5457 when the filing acknowledgment is ready; and we will arrange for someone to pick it up. If you have any questions or need any additional information, please give me a call.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters
Legal Assistant

/dmw

Enclosures

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DIVISION OF CORPORATIONS

J. BRYAN SEP - 9 2004

**STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN
LIMITED LIABILITY PARTNERSHIP**

1. The name of the partnership as identified in the records of the Florida Department of State:

Cherokee Ranch Partnership

Insert partnership's Florida registration number: GP9900001460

or

Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above-named partnership: LLP
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: 3027 Andover Road
(if different from current recorded address) Pensacola, Florida 32504-8316

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The name and Florida street address of the partnership's agent for service of process:

Robert A. Pierce

227 South Calhoun Street

Tallahassee

Florida

32301-1805

6. This partnership hereby elects to be a limited liability partnership.

7. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State

or

_____ a date later than the time of filing:

The execution of this statement as a partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Signed this 31st day of August, 2004.

Signature of TWO Partners:

Alberta L. Shumpert
Alicia L. Glass

Typed or printed names of partners signing above: Alberta L. Shumpert

Alicia L. Glass

Filing Fee: \$25.00

Certified Copy (Optional): \$52.50

Certificate of Status (Optional): \$8.75