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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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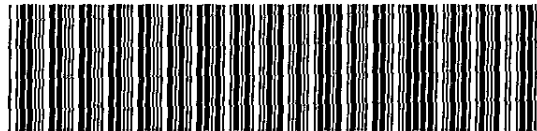
(Business Entity Name)

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\*\* ALSO ADMITTED IN TEXAS  
\*\*\* ALSO ADMITTED IN OHIO  
\*\*\*\* ALSO ADMITTED IN TENNESSEE  
\*\*\*\*\* ALSO ADMITTED IN ILLINOIS

**PAGE, MANNINO, PERESICH & McDERMOTT**  
**A PROFESSIONAL LIMITED LIABILITY COMPANY**

**ATTORNEYS AT LAW**

759 VIEUX MARCHE' MALL

P. O. DRAWER 289

**BILOXI, MISSISSIPPI 39533**

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September 10, 2004

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: West Weekend, LLC**

Dear Sir:

Please find enclosed the Articles of Organization for West Weekend, LLC and our fee of \$125.00 for filing. After the Articles have been filed, please return a filed copy in the envelope provided herewith.

If you have any questions, please do not hesitate to contact me. Thank you for your prompt assistance in this matter. With kindest personal regards, I am,

Very truly yours,

**PAGE, MANNINO, PERESICH  
& McDERMOTT, P.L.L.C.**

  
Henry N. Dick, III

HND,III/jm

Enclosure

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

West Weekend, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

17757 Front Beach Rd.

Unit 1708, Celedon Beach

Panama City Beach, FL 32413

**Mailing Address:**

17757 Front Beach Rd.

Unit 1708, Celedon Beach

Panama City Beach, FL 32413

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

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

Jennifer Ethridge

Name

902 East Second Place

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

Panama City

FLORIDA 32401

City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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..*

Jennifer Ethridge  
Registered Agent's Signature

**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:**

MGRM

Vicki G. Wagener

1125 Halstead Bayou Drive

Ocean Spring, Mississippi 39564

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

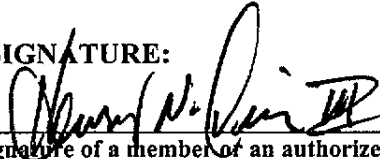
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(Use attachment if necessary)

**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.)

Henry N. Dick, III

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)**

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