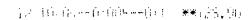
## LU4000089118

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
<u> </u>	(Business Entity Name)
	(Document Number)
Cerl	Copies Certificates of Status
Sţ	Il Instructions to Filing Officer:





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CORP 103 N. TALL. 222-11	LEGT AGENTS, INC. (fo CRIDIAN STREET, LOW ASSÉE, FL 32301	•	:		
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CON	CT: KATIE WO	<u>ONSCH</u>	では、まう		
DATI	<u>12/9/04</u>		F. S. Z.		
REF.	<u>0500.32675</u>		2		
COR	NAME: BLUE CHI	P DEVELOPMENT OF BAY COU	UNTY, LLC		
( ) AR1	ES OF INCORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION		
( ) AN!	L REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME		
( ) FOE	N QUALIFICATION	( ) LIMITED PARTNERSHIP	( XX) LIMITED LIABILITY		
( ) REI	ATEMENT	( ) MERGER	( ) WITHDRAWAL		
( ) CEF	ICATE OF CANCELLATION	N			
( )OTI	•				
<i>^</i> •					
STAT	FEES PREPAID WITH CHECK# 5   0596 FOR \$ 125.00				
AUTI	RIZATION FOR A	CCOUNT IF TO BE DEBITE	ED:		
<u></u>	COST LIMIT: \$				
PLEA	RETURN:				
( ) CEI	FIED COPY ( ) CERTIFICATE OF GOOD STANDING ( XX ) PLAIN STAMPED COPY				
( ) CEl	FICATE OF STATUS				
Exami	's Initials				

COMPANOR OF THE PARTY OF THE PA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Blue Chip Davi	elopment of Bay County, 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:
2309 Laurie Avenue, # 22 Office	P. O. Box 18438
Panama City Beach, FL. 32407	Panama City Beach, FL. 32417
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature: s of the registered agent are:
The name and the Florida street address	
The name and the Florida street address	s of the registered agent are:
The name and the Florida street addres	s of the registered agent are:
The name and the Florida street address  To 2309 Lau	s of the registered agent are:  'oy Campbell  Name
The name and the Florida street address  To 2309 Lau Florida	s of the registered agent are:  Yoy Campbell  Name  Trie Avenue, # 22 Office

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, F.S.

Registered Agent's Signature

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	nber
MGRM	Troy Campbell
	2309 Laurie Avenue, # 22 Office
	Panama City Beach, FL. 32407
MGRM	Jeff Phillips
	2309 Laurie Avenue, # 22 Office
	Panama City Beach, FL. 32407
(Use attachment if necessar	у)
Morro A. Jakes I de	(b.T
NUIE: An addinonal ari	ticle must be added if an effective date is requested.
REQUIRED SIGNATUR	Е;
•	
•	
Signatura	of s/member or an authorized representative of a member.
of this does	ance with section 608.408(3), Florida Statutes, the execution under the penalties of perjury acts stated herein are true.)
	Troy Campbell, MGRM
	Typed or printed name of signee
19197 dra	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)