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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

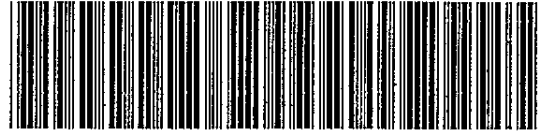
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 405 MARINA POINT DRIVE LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL G PERCY
(Name of Person)

(Firm/Company)

20 HOLMES BLVD NW
(Address)

FORT WALTON BEACH FL 32548
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL G PERCY at (850) 882 4785 x2327
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

405 MARINA POINT DRIVE LLC

ARTICLE II - Address:

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

Principal Office Address:

MICHAEL G PERCY
20 HOLMES BLVD NW
FORT WALTON BEACH FL 32548

Mailing Address:

MICHAEL G PERCY
20 HOLMES BLVD NW
FORT WALTON BEACH FL 32548

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

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

MICHAEL G PERCY
Name

20 HOLMES BLVD NW
Florida street address (P.O. Box **NOT** acceptable)

FORT WALTON BEACH FL FL 32548
City, State, and Zip

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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, F.S..

Michael G. Percy
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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MICHAEL G PERCY

20 HOLMES BLVD NW

FORT WALTON BEACH FL 32548

~~_____

_____~~

ARTICLE V - EFFECTIVE DATE:

ARTICLE V - EFFECTIVE DATE:

The effective date for the formation of this LLC is

1 Jan 2005.

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Michael G. Percy

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.)

MICHAEL G PERCY

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)