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(Re	equestor's Name)	
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Special Instructions to	Filing Officer:	
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EFFECTIVE DATE

05 JAN 28 PHI2: 11



TRANSMITTAL LETTER

TO: Registration Security Division of Cor			
SUBJECT: South Atla		l Liability Company)	
	Organization and fee(s) are su	_	
Please return all correspond	ondence concerning this matte	r to the following:	
Martha H		Jame of Person)	
•	1)	name of Person)	
JAMAR Group			
or and are Group	(1	Firm/Company)	
132 Wisteria	a Drive		
<u> </u>	 	(Address)	
			EFFECTIVE I
Longy	wood, FL 32779		1210
		State and Zip Code)	TAL 95
			<u></u>
For further information concerning this matter, please call: Martha H. Plagge			N 28
Martha H. Plagge		at (407) 774-3355	SEE P
	of Person)	at (407) 174-3333 (Area Code & Daytime Te	elephone Number)
			ORIO ORIO
Enclosed is a check fo	r the following amount:		D ''
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	
	ET ADDRESS:	MAILING A Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is;
South Atlantic Beach, LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
132 Wisteria Drive	132 Wisteria Drive
Longwood, FL 32779	Longwood, FL 32779
132 Wisteria Drive Florida street Longwood, FL 32779 City, Sta	ame t address (P.O. Box <u>NOT</u> acceptable) FL ate, and Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

Page 1 of 2

(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 Member		
MGR	Martha H. Plagge	
	132 Wisteria Drive	
	Longwood, FL 32779	
MGRM	James J. Flanagan III	
and the second s	132 Wisteria Drive	
	Longwood, FL 32779	
	The second secon	
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After the same	The contribute of passes of the first companion before the companion of th	
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(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
Martha	A Pegge	
Signature of a member o	r an authorized reprotentative of a member.	
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	
Martha H. Plagge		
Typed	or printed name of signee	

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)

05 JAN 28 PM 12: 11

Effective Date: January 27,2005

Effective for

South Atlantic Beach, LCC

OS JAN 28 PH 12: 11
SECRLAHÁSSEE, FLORIDA