L05000011312

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)		
(Business Entity Name) (Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800046350928

02/17/05--01029--009 **155.00





TRANSMITTAL LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Land investments, LLC (Name of Limited Liability Company)					
	Organization and fee(s) are s	-			
Please return all correspo	ondence concerning this matte	er to the following:			
Lyn D. So	∞tt				
	(1	Name of Person)			
			· · · · · · · · · · · · · · · · · · ·		
	(Firm/Company)			
106 Walnut S	St.	(Address)			
		(Addiess)			
O-mt-	D D b. El 00450				
Santa Rosa Beach, FL 32459 (City/State and Zip Code)					
	, -	. ,	·		
For further information of	oncerning this matter, please	call:			
		202 1444	SECONOMINATION FILED		
Lyn D. Scott	of Person)	at (850) 699.4111 (Area Code & Daytime Te	Jephone Number) = = = = = = = = = = = = = = = = = = =		
(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, 1 4,000,,	(itea obas as bay iam 1	おって		
Enclosed is a check for	the following amount:		STE PE		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☑ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & & Certified Copy (additional copy is enclosed)		
STREET ADDRESS:		MAILING A	DDRESS:		
Registration Section		Registration Section Division of Corporations			
Division of Corporations 409 E. Gaines Street		P.O. Box 6327	, -		
Tallahassee, Florida 32399		Tallahassee, F	lorida 32314		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:
and Investments, LLC	
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
106 Walnut St.	2228 Fairhaven Cir., NE
Santa Rosa Beach, FL 32459	Atlanta, GA 30305
The name and the Florida street address	· ·
Lyn D. Scott	Name ES S
106 Walnut St.	Name treet address (P.O. Box NOT acceptable) 32459 FL , State, and Zip
Florida s	treet address (P.O. Box NOT acceptable)
Santa Rosa Beach, FL	32459 FL
City	, State, and Zip
liability company at the place designa	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. 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..

(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 Lyn D. Scott 106 Walnut St.

MGRM

James P. Kourkoulis

2228 Fairhaven Cir., NE

Atlanta, GA 30305

(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.)

Lyn D. Scott
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)