

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

Seaside Florida, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SEASIDE FLORIDA, 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:**

159 E. Ruskin St.  
Seaside, FL 32459

**Mailing Address:**

2407 Helton Dr.  
Florence, AL 35630

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

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

C T Corporation System

1200 South Pine Island Road

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

Plantation, FL 33324

City, State and Zip

*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

**RACHEL T. HAYES  
ASSISTANT SECRETARY**

**ARTICLE IV - Manager**

The name and address of the Manager is as follows:

**Title:**

James C. Nix, III

**Name and Address:**

2407 Helton Dr.  
Florence, AL 35630

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04/15/2005 14:06

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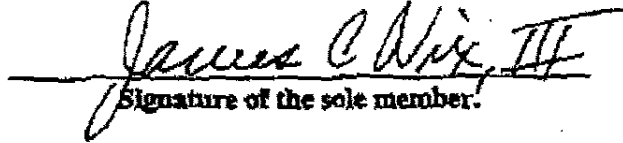
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CT CORPORATION

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**REQUIRED SIGNATURE:**

  
Signature of the sole 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.)

James C. Nix, III  
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)

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