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2005 MAY -2 P 2 47
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MAY 2 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olin Development, 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:

Robert M Launch
(Name of Person)

Olin Development, LLC
(Firm/Company)

130 West Shipwreck Road
(Address)

Santa Rosa Beach, FL 32459
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M Launch at (850) 622-0356
(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

FILED
 2005 MAY -2 P 2:47
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Olin Development, LLC

ARTICLE II - Address:

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

Principal Office Address:

130 West Shipwreck Road
Santa Rosa Beach, FL 32459

Mailing Address:

130 West Shipwreck Road
Santa Rosa Beach, FL 32459

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

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

Robert M Launch

Name

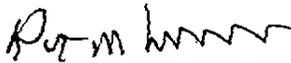
130 West Shipwreck Road

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

Santa Rosa Beach FL 32459 FL

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

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SANTA ROSA BEACH, FL

(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

James S. Olin
4393 Commons Drive East
Destin, FL 32541

MGRM

Steve Caron
4393 Commons Drive East
Destin, FL 32541

MGRM

Robert M Launch
4393 Commons Drive East
Destin, FL 32541

(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.)

Robert M Launch

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)

SECRETARY OF STATE
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