

L05000049391

(Requestor's Name)

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(Business Entity Name)

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05/13/06--01013--012 **155.00

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05 MAY 13 PM 4:24
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
05 MAY 13 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 05-13-05

REF. #: 000174.38034

CORP. NAME: OLYMPIC PROPERTY GROUP-FLORIDA, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 2604 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 13, 2005

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

FILED
05 MAY 13 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS

TALLAHASSEE, FL

SUBJECT: OLYMPIC PROPERTY GROUP-FLORIDA, LLC
Ref. Number: W05000024405

We have received your document for OLYMPIC PROPERTY GROUP-FLORIDA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

In accordance with Title 36, section 380, U.S. Code, we cannot accept an entity using the word OLYMPIC or OLYMPIAD without written approval from:

U.S. OLYMPIC COMMITTEE
1750 E. Boulder St.
Attn: Legal Dept.
Colorado Springs, CO 80909
(719)866-4563.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 805A00034639

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

RECEIVED
05 MAY 18 PM 1:23
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

THE PALMS OF TARPON SPRINGS, LLC,
a Florida limited liability company

FILED
05 MAY 13 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

THE PALMS OF TARPON SPRINGS, LLC,

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

Post Office Box 655
New Albany, IN 47150

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

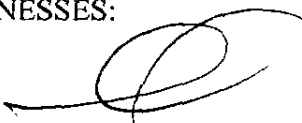
Jenifer S. Schembri
240 S. Pineapple Avenue
10th Floor
Sarasota, FL 34236

ARTICLE IV MANAGEMENT AND POWERS

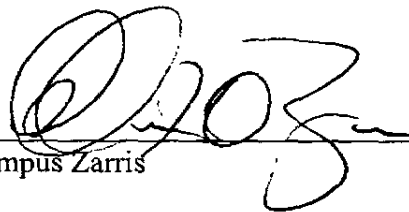
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
10th day of May, 2005.

WITNESSES:


Print Name Susan H. Zarr (20.41)


Print Name KATIE CAMPOPIANO


A. Olympus Zarris

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

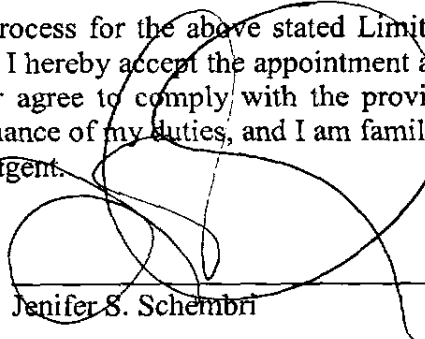
THE PALMS OF TARPON SPRINGS, LLC

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

Jenifer S. Schembri
240 S. Pineapple Avenue
10th Floor
Sarasota, FL 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: May 10, 2005


Jenifer S. Schembri

“REGISTERED AGENT”