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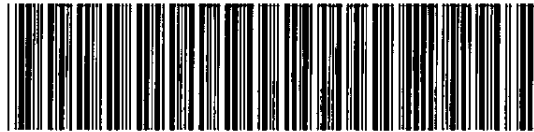
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Boyd, Lindsey Siger
Requester's Name

1405 Piedmont Drive East
Address

Tallahassee 32308 286-2101
City/State/Zip Phone #

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TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. South Paire LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
SOUTH PADRE, LLC**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name

The name of this Limited Liability Company shall be **SOUTH PADRE, LLC**

ARTICLE II

Principal Place of Business and Mailing Address

The principal place of business of the Limited Liability Company shall be 226 North Duval Street, Tallahassee, Florida 32303 and the mailing address of the Limited Liability Company shall be P.O. Box 13633, Tallahassee, Florida 32317.

ARTICLE III

Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization, or the Limited Liability Company's Operating Agreement.

ARTICLE IV

Management

The Limited Liability Company is to be managed by its managing member as set forth in its Operating Agreement. The name and address of the managing member is:

Name
James M. Rudnick

Address
P.O. Box 13633
Tallahassee, Florida 32317

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TALLAHASSEE, FLORIDA

ARTICLE V

Admission of Additional Members

Except as otherwise provided in the Limited Liability Company's Operating Agreement, members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VI

Transfer of Member's Interest

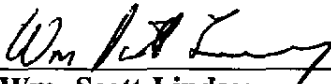
Except as otherwise provided in the Limited Liability Company's Operating Agreement, the transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

ARTICLE VII

Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Wm. Scott Lindsey, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32312.

IN WITNESS WHEREOF, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 16 day of June, 2005.


Wm. Scott Lindsey,
Authorized Representative Of A Member

State of Florida
County of Leon

The foregoing Articles of Organization were acknowledged before me this 16 day of June, 2005, by Wm. Scott Lindsey.


Notary Public



**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is SOUTH PADRE, LLC
2. The name and address of the registered agent and office is:

Wm. Scott Lindsey
1407 Piedmont Drive East
Tallahassee, Florida 32312

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 OF 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.



Signature

6/16/05

Date

State of Florida
County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 16 day of June, 2005, by Wm. Scott Lindsey.



Notary Public

