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TRANSMITTAL LETTER

TO: Registration Sec Division of Corp		• • • • • • • • • • • • • • • • • • •	•		
SUBJECT: SummitQu	rest LLC				
SOBJECT: Commission		Liability Company)			
	Organization and fee(s) are su	-			
Please return all correspo	ondence concerning this matter	r to the following:			
Jonathan	D. Sawyer			_	
	(N	lame of Person)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
Albertelli & Associate			····		
	(F	Firm/Company)			
330 A1A No	rth, Suite 324			SECT	05 AUG 26 PM 1:07
		(Address)		主所	326
,				47.	- P
Ponte	Vedra Beach, FL 32082			SS F	
	(City/S	State and Zip Code)		語	07
For further information of	concerning this matter, please o	call:		· · · -	
Jonathan D. Sawyer		at (904) 285-1445			
	of Person)	(Area Code & Daytime Te	lephone Number)		
Enclosed is a check fo	r the following amount:				
☐ \$125.00 Filing Fee		S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Fi Certificate of Certified Cop (additional copy	Status &	-

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

TRANSMITTAL LETTER

TO: Registration Sec Division of Con			
SUBJECT: SummitQu	uest Developments, LLC		
		Liability Company)	
The enclosed Articles of	Organization and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Jonathan	D. Sawyer		
	(N	ame of Person).	
		•	
Albertelli & Associate		Irm/Company)	
	(r.	imir Company)	
		•	
330 A1A No	rth, Suite 324		
		(Address)	
_			
Ponte	Vedra Beach, FL 32082		
	(City/S	State and Zip Code)	
For further information of	concerning this matter, please o	call;	
Jonathan D. Sawyer		at (904) 285-1445 (Area Code & Daytime Te	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	Ø \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	□ \$160 00 Filing Fee.
_ 0.22.000.00.000	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
	DE LEDEROS	~ * 1 TV V\$T * 1	DARREE
STRE	ET ADDRESS:	MAILING A	DDKE55:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SummitQuest Developments, LLC	_

ARTICLE II - Address:

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

Principal Office Address:		Mailing Address:		
1540 Bay Towne Avenue North		1540 Bay Towne Avenue North		
Miramar Beach, FL 32550	 .	Miramar Beach, FL 32550		
	 ,			

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

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

Albertelli & Associates, P.L	••
N	ame
330 A1A North, Suite 324	
Florida stree	t address (P.O. Box NOT acceptable)
Ponte Vedra Beach.	FL 32082
City, Str	ate, 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.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	T.
MGRM	Wayne Lyle
	1540 Bay Towne Avenue North
	Miramar Beach, FL 32550
MGRM	Mark Partin
	1901 1st Street North, Suite 1103
	Jacksonville Beach, FL 32250
	•
(Use attachment if necessary)	
NOTE: An additional article	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance of this docume	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution and constitutes an affirmation under the penalties of perjury is stated herein are true.)
	Sawyer as auth. rep. for Mark Partin
oondo mil o.	Typed or printed name of signee
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fer. for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)