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Florida Department of State Division of Corporations

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To-

Division of Corporations

Fax Number : (850)205-0383

From:

æ Account Name : SMITH, GAMBRI ○ Account Number : 120020000143

: SMITH, GAMBRELL & RUSSELL LLP

Phone

: (404)815-3538

Fax Number

: (904)598-6300

LIMITED LIABILITY COMPANY

Palmetto Cove Condominium Development, LLC

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9/21/2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Paimetto Cove Condomintum Des (Name of Lin	velopment, LLC nited Liability Company)	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	utter to the following:	
Rebecca Saferstein, Paralegal		
	(Name of Person)	
Smith, Gambrell & Russell, LLP	<u>, 44 </u>	
	(Firm/Company)	
1230 Peachtree St., N.E., Suite 3100	0, Promenade II	
	(Address)	
Atlanta, Georgia 30309-3592	arc	
(0	Sity/State and Zip Code)	
For further information concerning this matter, plea	kse cali:	
Rebecca Saferstein	at (404) 815-3721	
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		
Ø \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate of Status	& C \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING A Registration S Division of C P.O. Box 637	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Paimetto Cove Condominium Development, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compar	ny is:	
Principal Office Address: Mailing Address:		
100 Atlanta Technology Center, Suite 200 100 Atlanta Technology Center, Suite 200 1576 Northside Drive, NW 1575 Northside Drive, NW Atlanta, Georgia 30318 Atlanta, Georgia 30318		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:	05 SEP	DIVISIO
Michael A. Walters	P 2	26 25 25
Name		
50 North Laura St., Suite 2600 Florida street address (P.O. Box NOT acceptable) Jacksonville 32202 City, Stare, and Zip	AM 10: 59	OF STATE RPORATIONS

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..

Rogistared Agent's Signature

(CONTINUED)

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ARTICLE IV-Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

MGRM	<u>ः</u> । एक सक्कार्यका गाउँगाल अस्त । इसने पेट	JLC Suncoast Realty II, LLC 1575 Northside Drive, NW, 100 ATC, Suite 200 Atlanta, Georgia	
	#F# 64 5	<u></u>	
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	ili i North Line (New York)		

(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.)

Michael E. Rubinger, Authorized Representative
Typed or printed name of signee

filing Feet:

\$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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