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(Requestor's Name)
53 avenuré C
(Address)
(Address)
analachiada El 3020
apalachintle F\ 3236 (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL

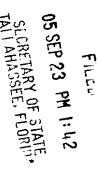
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(Business Entity Name)
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7. Styles SEB 5. 8 JULS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
FOR GOTTEN COAST SHARED PROPERTIES, LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
53 AVENUE C, APALACHICOLA, FL 32320
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name

SHALLE C

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

HPALACHICOLO FL 32 320

City, State, and Zip

Having heen 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 figure as provided for in Chapter 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)