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COVER LETTER

	istration Section sion of Corporations		 	
SUBJECT:	RESOKT LE	ted Liability Company)		e Service
The enclosed	Articles of Organization and fee(s) are	submitted for filing.		
Please return	all correspondence concerning this mat	tter to the following:		
	KYLE DREI	(Name of Person)		
	PRICE MOR	GAN, LLC		ng wang .
/	1894 GENERAL GI EKANICLIN TN	FOLGE PATTON (Address)	DN. SUCTE 100	¹ =
	EKANICLIN TN	37067 ty/State and Zip Code)	and the second s	agent of the control
_	formation concerning this matter, pleas M CARR (Name of Person)		-40 <i>00</i>	
	(Name of Person)	(Area Code & Daytime T	elephone Number)	, *
Enclosed is a	a check for the following amount:			
□ \$125.00 Fi	iling Fee \$\frac{130.00}{2}\$ Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Address Registration Section	55	w.w

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
11 4- 100 0 (45 11C
RESORT LENDENS, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1894 GENERAL GEORGE PARTO Dr. 1894 GENERAL GEORGE PATTON DR.
1674 BENEFIT OCCUPE PALLOS ON.
SUSTE 100 SUSTE 100 ENOUGH TO 310KD ENOUGH THE 370KD
FRANKLEN TU 31087 FRANKLER TN. 37087
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:

Name

1 S15 M SNACLE STRIP PKWY #609

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

FT WALTON DEACH FL 32545-6253

City, State, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 D. VISIONE CRAFTON OF TRAFF.

D. VISION OF CRAFTONS

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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		PRICE MORGAN, LUC 1894 GEV. GEO. PATTER ON SUITE FRANKLIN TO 3100
MEKM	٠.	AVALON FORANCEAL GROUP, LLC 4544 HARDENG AD SUSTEZII NASHVOUE TH. 31205
(Use attachment if n	ecessary)	
	, the date must b	date of filing: (OPTIONAL) se specific and cannot be more than five business days pr

(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.)

Filing Fees:

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

Typed or printed name of signee