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Account Name : BARRON, REDDING, HUGHES, FITE, BASSETT & FENSOM, P.A.
Account Number : 073617000710
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

GABLES & PALMS VACATION RENTALS, LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$160.00

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TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION
OF
GABLES & PALMS VACATION RENTALS, LLC**

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is GABLES & PALMS VACATION RENTALS, LLC.

ARTICLE II - DURATION

The Company shall exist perpetually.

ARTICLE III - MAILING ADDRESS AND STREET ADDRESS

The mailing address and the street address of the principal office of the Company is 215 Signal Lane, Port St. Joe, Florida 32456.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent of the Company is Steve M. LaSota, 220 McKenzic Avenue, Panama City, Florida 32401.

ARTICLE V - MEMBERSHIP

The Members may permit the admission of Additional Members, upon the unanimous consent of all Members of the Company.

ARTICLE VI - CONTINUATION OF BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which would otherwise terminate the continued membership of a Member in the Company, the remaining Members of the Company may continue the business of the Company.

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ARTICLE VII - MANAGEMENT

The Company shall be manager managed.


ARTICLE VIII - MANAGER

The name and address of the Manager is as follows:

Mike Peller
24 West Central Entrance
Duluth, MN 55811-3434

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IN WITNESS WHEREOF, the undersigned, as the authorized representative of the initial member of the company, has executed these Articles of Organization on this 13th day of January, 2006.

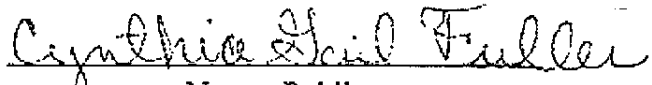


Steven M. LaSota, Esq.

STATE OF FLORIDA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 13th day of January, 2006, by Steven M. LaSota, as authorized representative of a Member of GABLE & PALMS VACATION RENTALS, LLC, a Florida limited liability company, who is personally known to me.

(SEAL)



Notary Public



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STATEMENT OF ACCEPTANCE AND DESIGNATION OF REGISTERED AGENT OF GABLES & PALMS VACATION RENTALS, LLC

STATE OF FLORIDA COUNTY OF BAY

Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is GABLES & PALMS VACATION RENTALS, LLC.

The name of the registered agent for GABLES & PALMS VACATION RENTALS, LLC, is Steven M. LaSota, and the street address of the agent is 220 McKenzie Avenue, Panama City, Florida 32401.

This statement is to acknowledge that, as indicated above, GABLES & PALMS VACATION RENTALS, LLC, has appointed me, Steven M. LaSota, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

DATED this 13th day of January, 2006.

Signature of Steven M. LaSota, Registered Agent

SECRETARY OF STATE TALLAHASSEE FLORIDA

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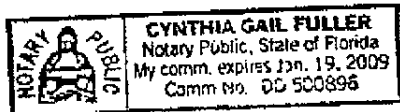
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The foregoing instrument was acknowledged before me this 13th day of January, 2006, by Steven M. LaSota, agent on behalf of GABLES & PALMS VACATION RENTALS, LLC, a limited liability company who: (notary **must** check applicable box)

- is personally known to me.
- produced a current Florida driver's license as identification.
- produced _____ as identification.

Cynthia Gail Fuller
Notary Public

(SEAL)



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