

FROM :

FAX NO. : 8508740902

Feb. 12 2006 02:13 PM P1

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2006 FEB 13 A 8:43

Florida Department of State SECRETARY OF STATE  
Division of Corporations TALLAHASSEE, FLORIDA  
Public Access System

Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (823) 465-8636  
Fax Number : (823) 465-8640

RECEIVED

06 FEB 13 PM 3:05

DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

NWF Properties LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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FROM :

FAX NO. : 8508740902

Feb. 12 2006 02:41PM P3

(CCH060000304583))

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NWF Properties LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

235 Hidden Pines

Panama City Florida, 32408

**Mailing Address:**

235 Hidden Pines

Panama City Florida, 32408

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

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

Mark Calhoun

Name

235 Hidden Pines

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

Panama City,

FLORIDA 32408

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, Florida Statutes.*



Registered Agent's Signature

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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: **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Mark Calhoun

235 Hidden Pines

Panama City Florida, 32404

MGRM

William Ditch

300 S. Tyndall Parkway

Panama City Florida, 32404

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

*Mark Calhoun*  
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.)

MARK CALHOUN  
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)

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