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(CLAUDE R. WALKER, ESQ.)
HUEY, GUILDAY & TUCKER, P.A.
P. O. BOX 12500
TALLAHASSEE, FL 32317-2500

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Attn: Julie 224-7091

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TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. St. George Island
Vacation Properties, LLC
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION FOR
ST. GEORGE ISLAND VACATION PROPERTIES, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

FILED
06 NOV 30 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is St. George Island Vacation Properties, LLC.

ARTICLE II - Address:

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

Principal Office Address:

45 East 1st Street
St. George Island, FL 32328

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office and Registered Agent=s Signature:

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

Jeffrey S. Galloway
45 East 1st Street
St. George Island, FL 32328

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..


JEFFREY S. GALLOWAY

ARTICLE IV – Management:

The name and address of the Manager is as follows:

Title:


MANAGER

Name and Address:

MARTI CRAWFORD
45 East 1st Street
St/ George Island, FL 32328

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member:



DEAN HALDOPOULOS

(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.)