

NO. 1-1
TO ACQUIRE
SUFFICIENCY OF FILING

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Distinctive Properties of
Saint Augustine, LLC*

FILED
07 FEB - 1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

___ Art of Inc. File ___
___ LTD Partnership File ___
___ Foreign Corp. File ___
___ L.C. File ___
___ Fictitious Name File ___
___ Trade/Service Mark ___
___ Merger File ___
___ Art. of Amend. File ___
___ RA Resignation ___
___ Dissolution / Withdrawal ___
___ Annual Report / Reinstatement ___
___ Cert. Copy ___
___ Photo Copy ___
___ Certificate of Good Standing ___
___ Certificate of Status ___
___ Certificate of Fictitious Name ___
___ Corp Record Search ___
___ Officer Search ___
___ Fictitious Search ___
___ Fictitious Owner Search ___
___ Vehicle Search ___
___ Driving Record ___
___ UCC 1 or 3 File ___
___ UCC 11 Search ___
___ UCC 11 Retrieval ___
___ Courier ___

Signature _____

Requested by: *WC*

Name

Date *2/1*

Time *3:45*

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION
OF
DISTINCTIVE PROPERTIES OF SAINT AUGUSTINE, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: DISTINCTIVE PROPERTIES OF SAINT AUGUSTINE, LLC.

**ARTICLE II
ADDRESSES**

The initial mailing address of the Company is 69 Hypolita Street, St. Augustine, Florida 32084.

**ARTICLE III
REGISTERED AGENT**

The name and street address of the initial registered agent of the Company is Sean P. Sheppard, Esq., Sheppard & Sheppard, P.A., 1301 Plantation Island Drive South, Suite 204, St. Augustine, Florida 32080.

**ARTICLE IV
MANAGEMENT**

The Company is to be managed by the members and is therefore, a member managed company.

**ARTICLE V
LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 1st day of February, 2007. 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.

By: _____

Sean P. Sheppard
Authorized Agent

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ACCEPTANCE OF REGISTERED AGENT

I, Sean P. Sheppard, Esq., Sheppard & Sheppard, P.A., having been named to accept the service of process for DISTINCTIVE PROPERTIES OF SAINT AUGUSTINE, LLC., certify that I am a permanent resident of St. Johns County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

DATED at St. Johns County, Florida, this 1ST day of February, A.D., 2007.

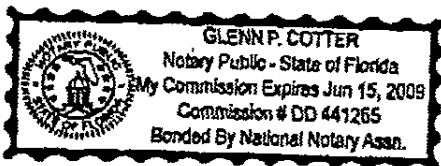
By: _____

Sean P. Sheppard

STATE OF FLORIDA)
COUNTY OF ST. JOHNS)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Sean P. Sheppard, Esq., who is X personally known to me, or ____ who produced the following identification: ____ Florida Driver's License, ____ other identification and known to be the person/entity described as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this 1st day of February, A.D., 2007.



Glenn P. Cotter

Notary Public, State of Florida

Printed Name:

My Commission expires: