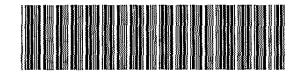
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	(Name of Limite	d Liability Company)	
The enclosed Articles of Org	ganization and fee(s) are s	ubmitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
MARIE	CHURTY	Name of Person)	. 40
	SKC, LL		OT DIVISION
96 YA	CHT CWB	Firm/Company) DC. # 4	APR -3
	ALTON BUACI	(Address) 4 FL 30548 (State and Zip Code)	PM 1:21
For further information conc	erning this matter, please	call:	
MARK CHY (Name of Po	USTY erson)	at (850) 225. (Area Code & Daytime To	1438 elephone Number)
Enclosed is a check for the	e following amount:		
▼\$125.00 Filing Fee ☐ Ce	\$130.00 Filing Fee & ertificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re D P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Company" or their abbreviation "LLC," or "L.C.,")
ncipal office of the Limited Liability Company is:
Mailing Address:
SAME AS PRINCIPAL OFFICE ADDRESS.
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
gistered agent are: O7 APR -3 PH -3

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 ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

'MGRM" = Managing Member <u> </u>	MANK CHUSTY GLYACHT CLUBDE #4
	FT. WALTON BCH. FL. 32548
Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing:
REQUIRED SIGNATURE:	

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)