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COVER LETTER

TO:	Registration Se Division of Co			
	D17131011 01 C0	porations		
SUBJI	_{ECT:} Splash	W1201, LLC		
			d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Scott I. Me	rlin	· .	
		()	Name of Person)	
	Cohen Poll	ock Merlin & Small,	P.C.	
		(Firm/Company)	
	3350 Rive	rwood Parkway, Su	uite 1600 <u>.</u>	
			(Address)	· · · · · · · · · · · · · · · · · · ·
	Atlanta, G	A 30339	•	
		(City	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
Scott	t I. Merlin		at (770) 858-128	8
	(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclos	sed is a check fo	or the following amount:		
▼ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai					
The name of the L	mited Liability Co	mpany is:			
Splash W1201, LL	С				
Must end with the word	s "Limited Liability Con	pany, "Limite	d Company" or their abbreviation "L	LC," or "L.C.,")	
ARTICLE II - Ad					
The mailing addres	ss and street addres	ss of the pri	ncipal office of the Limited	Liability Comp	any is:
Principal Office A	Address:		Mailing Address:		
317 Regatta Bay Boule	evard		Same		
Destin, Florida 32541			,		
ARTICLE III - R	egistered Agent	—— Registered	Office, & Registered Ager	nt's Signature:	
	ompany cannot serve as	its own Registe	ered Agent. You must designate an in		_
The name and the	Florida street addre	ess of the re	egistered agent are:	SECR	F1L1
	Mary F. Thomas			#5	P 7
		Name	7 (One	SSE	FILED P 25 AM
317 Regatta Bay Boulevard		mg T	生っ		
	Flori	ida street add	ress (P.O. Box NOT acceptable)	101	ED 8411:26
	Destin,		FL 32541	FLORIDA	. 26
		City, State, a	nd Zip		
Havina haan nam	ad as registered an	ant and to a	ecent service of process for t	the above stated	limitad

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: Title: "MGR" = Manager "MGRM" = Managing Member

317 Regatta Bay Boulevard

Destin, Florida 32541

Judith T. Ballard, Trustee of the Ralph E. Thomas, Non-Exempt QTIP Trust

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

(Use attachment if necessary)

MGRM

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.)

Judith T. Ballard, Trustee of the Ralph E. Thomas, Non-Exempt QTIP Trust

Typed or printed name of signee

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)