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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARRON, REDDING, HUGHES, FITE, BASSETT & FENSOM, P.A.

Account Number : 073617000710 : (850)785-7454 Phone Fax Number : (850)785-2999

ORIDA/FOREIGN LIMITED LIABILITY CO.

A COASTAL EXPERIENCE, LLC

Certificate of Status 04

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ARTICLES OF ORGANIZATION

OF

A COASTAL EXPERIENCE, LLC

Pursuant to the provisions of Chapter 608, Florida Statutes, 2001, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

ARTICLE 1 - NAME

The name of this Limited Liability Company is A COASTAL EXPERIENCE, LLC

ARTICLE II - DURATION

The Company shall exist perpetually.

ARTICLE III - MAILING ADDRESS AND STREET ADDRESS

The mailing address of the Company is P.O. Box 13764, Mexico Beach, Florida 32410, and the street address of the principal office of the Company is 247 Columbus Street, St. Joe Beach, Florida 32456.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent of the Company are Jeremy W. Harris, Esq., 220 McKenzie Avenue, Panama City, Florida 32401.

THIS INSTRUMENT PREPARED BY: Jeremy W. Harris, Esq. Fla. Bar No. Barron, Redding, Hughes, Fite, Fensom, Sanborn & Kiehn, P.A. 220 McKenzie Avenue P.O. Box 2467 Panama City, Fl. 32402 (850) 785-7454

ARTICLE V - MEMBERSHIP

The Members may permit the admission of Additional Members, upon the unanimous consent of all Members of the Company.

ARTICLE VI - CONTINUATION OF BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which would otherwise terminate the continued membership of a Member in the Company, the remaining Members of the Company may continue the business of the Company.

ARTICLE VII - MANAGEMENT

The Company shall be managed by its Members. The names and addresses of the initial Members of the Company are as follows:

- 1. Ted Thomason
 P.O. Box 13764
 Mexico Beach, FL 32410
- Shadrick Prieth
 P.O. Box 13764
 Mexico Beach, FL 32410
- 3. Kimi Ashabranner P.O. Box 13764 Mexico Beach, FL 32410

IN WITNESS WHEREOF, the undersigned member, constituting one of the initial Members of the Company, has executed these Articles of Organization on this ____ day of March, 2008.

Kimi Ashabranner

STATE	OF	FLC	RID	Α
COUNT	'Y ()FB	ΑY	

COUNTY OF BAY
The foregoing instrument was acknowledged before me this 15 day of March, 2008, by Kimi Ashabranner, who: (notary must check applicable box)
is personally known to me. produced a current Florida driver's license as identification. produced
(SEA) COMMISSION (Print Name) Notary Public Commission # My Commission Expires:

STATEMENT OF ACCEPTANCE AND DESIGNATION OF REGISTERED AGENT

OF

A COASTAL EXPERIENCE, LLC

State of Florida County of Bay

Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is A COASTAL EXPERIENCE, LLC.

The name of the registered agent for A COASTAL EXPERIENCE, is JEREMY W. HARRIS, ESQ., and the street address of the agent is 220 MCKENZIE AVENUE, PANAMA CITY, FLORIDA 32401.

This statement is to acknowledge that, as indicated above, A COASTAL EXPERIENCE, LLC, has appointed me, JEREMY W. HARRIS, ESQ., as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

DATED this is day of MARCH, 2008.

JEREMY W. HARRIS, ESQ.

Registered Agent

The foregoing instrument was acknowledged before me this 3 day of MARCH, 2008, by JEREMY W. HARRIS, ESQ., agent on behalf of A COASTAL EXPERIENCE, LLC, a limited liability company. He is personally known to me or has produced ______ as identification.



Notary Public

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