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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE FLORIDA COMPANY
Account Number : I20060000001
Phone : (608) 827-5300
Fax Number : (608) 824-0405

L. SELLERS

MAR 27 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Seacrest Beach Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
Seacrest Beach Services, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Seacrest Beach Services, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 29 Quincy Circle Unit B, Santa Rosa Beach, Florida 32459.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

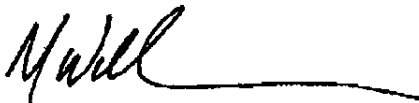
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

John Wellborn, P.O. Box 4746, Santa Rosa Beach, Florida 32459



The Florida Incorporating Company, Organizer
Mark Williams, Asst. Vice President.
Authorized Representative
Prepared by Mark Williams, A.V.P., The Florida Incorporating Company, 8040 Exchange
Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Seacrest Beach Services, LLC**

The name and address of the registered agent and office is Business Filings Incorporated,
1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in
the County of Leon.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____



Date: March 26, 2008

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