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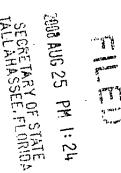
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only



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T. CLINE

AUG 2 6 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ne Tay Odon (Name of Limit	A COMPANY L	LC
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.	
Please return all correspor	ndence concerning this matt	ter to the following:	
	Relly Willi	(Name of Person)	
	Crystal Board	N Development	
	POBOX	(Address)	
	Destin FL	32540	
	(Cit	y/State and Zip Code)	C12
For further information co	oncerning this matter, please	e call:	VLL AHA
- Kelly Will (Name of	f Person)	at (SSO) (450) (Area Code & Daytime	4 4124 estos
Enclosed is a check for	the following amount:		1: 24 STATE LORID
\$125.00 Filing Fee	_/ -	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
The Tay Odon Company (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
41.052 Crultstar Dr.	DO BOX 1735
Destin, FL 32541	Destin, PL 32510 Egg =
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered to the r	red Agent. You must designate an individual or mother -
Jay 1.00 Name	OM
HLE52 GulfstorT Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Destin, City, State, and	FL 3254 <u>)</u> d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or The name and address of each N	Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Destin, FL 32540
	—————————————————————————————————————
(Use attachment if necessary)	ECRETARY OF LANGE 25 P
	ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance w	with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)
Filing Fees:	Typed or printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)