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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

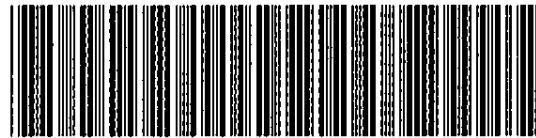
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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NOVAK LAW OFFICES

ATTORNEYS AT LAW

JEREMY T.M. NOVAK*
JOSEPH S. NOVAK**
JUDITH A. NOVAK*
DOUGLAS L. NOVAK*

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Florida Office
209 7th STREET
PORT ST. JOE, FLORIDA 32456

TEL. (850) 229-4700
TELEFAX (850) 229-1148
www.NovakLaw.us

December 29, 2008

VIA OVERNIGHT COURIER (FEDEX)

Department of State
Registration Section-Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: **Articles of Incorporation for Florida Limited Liability Company (LLC)**
Poston Bayou Development, LLC

Dear Registration Section:

Enclosed please find the proposed Articles of Organization for the above referenced entity to be incorporated as, Poston Bayou Development, LLC.

Kindly return all correspondence, filed papers, information requests and/or further inquiries concerning this matter to our offices at:

Novak Law Offices, PLLC
c/o Jeremy T.M. Novak, Esq.
209 7th Street
Port St. Joe, Florida 32456
(850) 229-4700

Additionally, please find the check (#1141) in the amount of one hundred twenty five dollars (\$125) for the State required Filing Fee.

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,

Jeremy T.M. Novak

Novak Law Offices, PLLC

Encl.

NOVAK LAW OFFICES

— ATTORNEYS AT LAW —

JEREMY T.M. NOVAK*
JOSEPH S. NOVAK**
JUDITH A. NOVAK*
DOUGLAS L. NOVAK*

* Member FL & NJ Bar
** Member of NJ Bar & Of Counsel (FL)
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209 7th STREET - Suite A
PORT ST. JOE, FLORIDA 32456

TEL. (850) 229-4700
TELEFAX (850) 229-1148
www.NovakLaw.org

FACSIMILE TRANSMISSION

To:

Frances Wray

Fax No.:

(850) 431-3370

From:

Ida Garrett/ Email Address/IGarrett@novaklaw.us

Date:

12.29.08

Re:

MESSAGE:

*Please give to
Frances Wray**Harb!*

If you have any questions, please do not hesitate to contact our office @ 850-229-4700.

Thank You!

Ida Garrett – Legal Assistant

PAGES TRANSMITTED INCLUDING THIS PAGE: (5). IF THERE IS A PROBLEM
WITH THIS TRANSMISSION, PLEASE CALL OUR OFFICE @ Tel. 850-229-4700.

NOTICE: All documents and information communicated herein are confidential in nature and shall be fully protected by all privileges applicable by Statute, Court Rule or common law for attorney-client communications and attorney work product and the communication of the within information shall not be deemed a waiver of any of those privileges nor shall it be deemed to provide a basis to require that this communication is to be disclosed. The attached fax transmission is intended for the recipient only. If the reader of this message is not an intended recipient or the agent of the intended recipient, **YOU ARE HEREBY NOTIFIED** that you have received this document in error, and that any review, distribution, or copying of this message is prohibited. If you have received this communication in error, please notify the sender immediately and return the original message to the sender.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poston Bayou Development, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy T.M. Novak, Esq.

(Name of Person)

Novak Law Offices PLLC

(Firm/Company)

209 7th Street

(Address)

Port St. Joe, Florida 32456

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy T.M. Novak, Esq.

(Name of Person)

at (850) 250-1117

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Poston Bayou Development, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

346 Commerce Drive

Port St. Joe, Florida 32456

Mailing Address:

P.O. Box 501

Port St. Joe, Florida 32457

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a separate business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jeremy T.M. Novak, Novak Law Offices PLLC

Name

209 7th Street

Florida street address (P.O. Box NOT acceptable)

Port St. Joe FL FL 32456

City, State, and Zip

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)

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 TALLAHASSEE, FLORIDA

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

Name and Address:MGRMGeorge Stephens Newman, Jr.346 Commerce DrivePort St. Joe, Florida 3245608 DEC 29 PM 2:03
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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:

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.)

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)**