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EXAMINER

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2009

DONALD PICKETT 202 WEST HIGHWAY 98 PORT SAINT JOE, FL 32456

SUBJECT: THE PORT PROPERTIES, LLC

Ref. Number: W09000009770

We have received your document for THE PORT PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as for it is not distinguishable from the name of an existing entity. Section 608.406; Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings; filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is A03000001740.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 009A00007083

COVER LETTER

Division of Corporations	7 - 11 - 24
SUBJECT: The Port Properties, LI	LC
SEBUECT:	mited Liability Company)
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Donald Boyd Pickett	
	(Name of Person)
Pickett & Pickett, INC	•
	(Firm/Company)
202 West Highway 98	(Address)
	(Address)
Port Saint Joe, Florida 32	2456 EE 9 A
	(City/State and Zip Code)
For further information concerning this matter, ple	ease call:
Boyd Pickett	at (850) 229-2977
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	& S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:	
The Pickett Group, LLC		n
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
108 Sunset Circle	108 Sunset Circle	2009 TALL
Port Saint Joe, Florida	Port Saint Joe, Florida	
32456-2116	32456-2116	50 7 6
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an inc	
Donald Boyd Pick Name		·
108 Sunset Circle Florida street a Port Saint Joe City, State	nddress (P.O. Box <u>NOT</u> acceptable) FL 32456-2116	

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Donald Boyd Pickett
	108 Sunset Circle
	Port Saint Joe, FL 32456
MGRM	Paula Ramsey Pickett
	108 Sunset Circle
	Port Saint Joe, FL 32456
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(Use attachment if necessary)	
	<u></u>

ARTICLE V: Effective date, if other than the date of filing: February 26, 2009. (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.)

Donald Boyd Pickett

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)