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C. LEWIS AUG 1 3 2009 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		s Marie			
SUBJ	FCT. Salt Life Propert	ties, LLC				
3000		Jame of Limited Liability C	Company)			
The er	nclosed Articles of Organization a	and fee(s) are submitted for	er filing.			
Please	return all correspondence concer	ming this matter to the follo	lowing:			
	Sandra H. Bunn-Foust					
		(Name of Person	son)			
	Salt Life Properties, LLC					
	(Firm/Company)					
		95005 Hendric	cks Road			
		(Address)				
		Fernandina Bead	ch, FL 32034			
		(City/State and Zip	p Code)			
For fu	rther information concerning this	matter, please call:				
	Sandra H. Bunn-Fou	ust _{at (} 904	, 491-4374			
	(Name of Person)	(Area	ea Code & Daytime Telephone Number)			
Enclo	sed is a check for the following	g amount:				
	.00 Filing Fee \$\square\$\$130.00 Fi Certificate	ling Fee & \$155.00 of Status Certified	Filing Fee & S160.00 Filing Fee, Ced Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Add Registration S Division of C P.O. Box 632 Tallahassee,	Section Reg Corporations Divi 27 Cliff FL 32314 266	gistration Section vision of Corporations fton Building Executive Center Circle clahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is:				
Salt Life Propertie		ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address The mailing address and		ncipal office of the Limited Liability Cor	mpany is:		
Principal Office Addre	ess:	Mailing Address:			
95005 Hendricks Road Fernandina Beach, FL 32034		95005 Hendricks Road Fernandina Beach, FL 32034			
(The Limited Liability Compan business entity with an active	y cannot serve as its own Registe	Office, & Registered Agent's Signaturered Agent. You must designate an individual or anothe egistered agent are:	er		
The name and the Florida street address of the registered agent are: Sandra H. Bunn-Foust Name SECRETARY Name					
95005 Hendricks Road Florida street address (P.O. Box NOT acceptable)					
	ernandina Beach, City, State, ar				

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)

FILED

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The name and address of each M	Managing Member(s): Ianager or Managing Member is as follows	3: 2009 AUG 12	AM 10: 4
<u>Title:</u> "MGR" = Manager	Name and Address:	SECRETARY TALLAHASSE	OF STATE

"MGRM" = Managing Member MGRM Sandra H. Bunn-Foust 95005 Hendricks Road Fernandina Beach, FL 32034 Charles S. Foust MGRM 95005 Hendricks Road Fernandina Beach, FL 32034 (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.)

Sandra H. Bunn-Foust

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)