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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAW OFFICE OF DANIEL C. PERRI
Account Number : I20040000119
Phone : (850)651-3011
Fax Number : (850)651-3306

EFFECTIVE DATE
1/1/2010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: dperrri@perrilawoffice.com

FLORIDA/FOREIGN LIMITED LIABILITY CO.
Craig Arthur, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
CRAIG ARTHUR, LLC

The undersigned subscribers hereby form a limited liability company under the laws of the State of Florida, Florida Statutes, Chapter 608 as follows:

ARTICLE I
NAME

The name of this limited liability company shall be CRAIG ARTHUR, LLC.

ARTICLE II
DURATION

This limited liability company shall exist no longer than thirty (30) years from the date of filing with the Department of State.

ARTICLE III
EFFECTIVE DATE

Effective date, if other than the date of filing: January 1, 2010.

ARTICLE IV
PURPOSE AND POWERS

This limited liability company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This limited liability company shall have all powers enumerated in Chapter 608 mentioned above.

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ARTICLE V
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business of the limited liability company is at 139 Sandprint Circle, Destin, Florida 32541. The mailing address of the limited liability company is 139 Sandprint Circle, Destin, Florida 32541.

ARTICLE VI
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this limited liability company is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579 and the name of the initial registered agent at that address is DANIEL C. PERRI.

ARTICLE VII
CAPITAL

The capital of the limited liability company that will be contributed shall be the sum of One Thousand Dollars (\$1,000.00).

ARTICLE VIII
MANAGEMENT

The name and address of the manager of the limited liability company is as follows:

C.P. Holliday
139 Sandprint Circle
Destin, Florida 32541

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

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ARTICLE IX
INITIAL MEMBERS

The name and address of the initial member of this limited liability company is as follows:

C.P. Holliday
139 Sandprint Circle
Destin, Florida 32541

ARTICLE X
ADDITIONAL MEMBERS

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all the members of the company existing at that time.

ARTICLE XI
DISSOLUTION

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated unless the business is continued by the consent of all remaining members.

ARTICLE XII
TRANSFER OF INTEREST

A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the limited liability company unless prior written consent is obtained by the transferor from all remaining members.

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IN WITNESS WHEREOF, the undersigned, being the member hereinbefore named, have hereunto set her hand and seal on this the 14th day of December, 2009, for the purpose of forming a limited liability company to do business both within and without the State of Florida and do make and file in the Office of the Secretary of State of Florida these Articles of Organization and certify that the facts herein stated above are true.

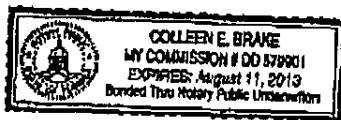
MEMBER:


C.P. HOLLIDAY

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was executed and acknowledged before me this 14th day of December, 2009, by C.P. HOLLIDAY, who personally appeared, who is personally known to me or who produced a driver's license as identification and who did not take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 14th day
COLLEEN E. BRAKE



Notary Public
My commission expires: 08/11/2013

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, Florida Statutes, the following is submitted: CRAIG ARTHUR, LLC, desiring to organize under the laws of the State of Florida with its principal place of business at 139 Sandprint Circle, Destin, Florida 32541 has named Daniel C. Perri as its agent to accept service of process within the State of Florida and whose office address is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579.

MEMBER:

C.P. HOLLIDAY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named to accept service of process for the above named limited liability company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties.


DANIEL C. PERRI
Registered Agent

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