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COVER LETTER

'TO: Registration Section Division of Corporati	ions		
SUBJECT: Old Saltwo	nrke Cahine I	ıc	
SUBJECT: Old Galtwe		ed Liability Company	
The enclosed Articles of Organ	ization and fee(s) are	submitted for filing.	
Please return all correspondence	e concerning this matt	ter to the following:	
Lanny Blair			
		Name of Person	
Old Saltworks	Cabins LLC	,	
		Firm/Company	
1085 Cape Sa	an Blas Rd		
		Address	
Port Saint Joe,	Fl. 32456		
		y/State and Zip Code	
lannyblair@gmai	l.com		
E-m	ail address: (to be used f	or future annual report notification)	
For further information concern	ing this matter, please	e call:	
Lanny Blair		at (850) 5273428	
Name of Person	n	Area Code & Daytime Telep	ohone Number
Enclosed is a check for the fo	ollowing amount:		
]\$125.00 Filing Fee	0.00 Filing Fee & tificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi: P.O.	stration Section sion of Corporations Box 6327 shassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Old Saltworks Cabins LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Lial	bility Company is:

Principal Office Address:

Mailing Address:

1085 Cape San Blas Rd	1012 Woodward Ave
Port Saint Joe	Port Saint Joe
Florida, 32456	Florida, 32456

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 another business entity with an active Florida registration.)

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

Lanny Blair			1	
. N	Yr	8	77	
1012 Woodward Ave		SS	28	
Florida stre	MS	P	Ö	
Port Saint Joe,	_{FL} 32456		5	
City, State, and Zip			ę,	

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 Agents 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Lanny Blair 1012 Woodward Port St Joe, Fl. 32456 (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 of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Lanny Blair 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)