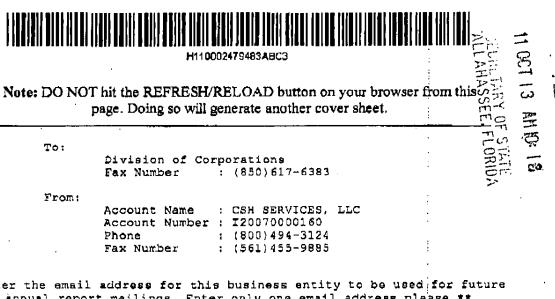
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. BESTWAY HOMES AND CABINS LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

### ARTICLE I NAME

The name of the Limited Liability Company is:

BESTWAY HOMES AND CABINS LLC

#### ARTICLE II ADDRESS

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

2815 E. 15TH. STREET PANAMA CITY, FL 32405

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MIKE D. KOPPEL 2823 E. 15TH. STREET PANAMA CITY, FL 32405

Having been named as registered agent 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.

MIKE D. KOPPEL / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

# ARTICLE V MEMBERS (optional)

MANAGING MEMBER
MIKE D. KOPPEL
2815 E. 15TH. STREET
PANAMA CITY, FL 32405

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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.

MIKE D. KOPPEL

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