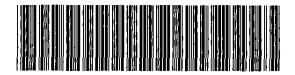
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SECRETARY OF STATE
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COVER LETTER

	Registration S Division of Co					
SUBJECT	_ Lake ⁻	Гalquin, LLC				,
SUBJECT	Γ:		d Liability Compa	iny	-	
The enclos	sed Articles o	f Organization and fee(s) are so	ubmitted for filing	; •		
Please retu	urn all corresp	oondence concerning this matte	er to the following:	:		
C	Cathi C	. Wilkinson				
_			Name of Person		-	
C	athi C	: Wilkinson, P	L			
Firm/Company						
2940 Kerry Forest Pkwy., Ste. 103						
			Address		-	
Τ	allaha	ssee, FL 323	09			
-	villeinaar	-	/State and Zip Code	;		•
CV	VIIKITISOI	n@cwilkinsonlaw.c E-mail address: (to be used fo		ort notification)		-
For further	r information	concerning this matter, please	call:			
Cath	i Wilki	nson	.850	668-41	30	
		of Person	at (Area Code	.) : & Daytime Telep		
Enclosed	is a check for	or the following amount:	•			
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Co	ру		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exc	ourier Address ion Section of Corporations suilding ecutive Center Ci see, FL 32301	ASSTER STOREST	DEC 12 PM 2: 4

ARTICLES OF ORGANIZATION OF LAKE TALQUIN, LLC

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a limited liability company under the laws of the State of Florida sets forth the following:

ARTICLE I NAME

The name of the limited liability company is Lake Talquin, LLC, (hereinafter referred to as the "Company").

ARTICLE II PERIOD OF DURATION

The Company shall have perpetual existence unless earlier dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

ARTICLE III PURPOSE

The Company is organized for the purpose of engaging in any or all activity or business permitted under the laws of the United States and the State of Florida. The Company shall have and exercise all the powers accorded limited liability companies under the laws of the State of Florida.

ARTICLE IV MANAGEMENT

The Company shall be managed by a manager or managers who shall be elected in the manner prescribed by the Operating Agreement of the Company. The manager or managers shall also hold the offices and have the responsibilities accorded to them by the Members and set forth in the Operating Agreement of the Company. The name and address of the manager who is to serve as the initial manager until a successor manager is elected and qualified are as follows:

The Owenby Family Corporation 3700 Bobbin Mill Road Tallahassee, FL 32312

ARTICLE V PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company in Florida is 3700 Bobbin Mill Road, Tallahassee, FL 32312.

ARTICLE VI REGISTERED OFFICE AND AGENT

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

Carl L. Owenby, Jr. 3700 Bobbin Mill Road Tallahassee, FL 32312

Having been named as registered agent and as the person to accept service of process for the above named limited liability company at the place designated in these Articles. 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, Florida Statutes.

ARTICLE VII EFFECTIVE TIME

These Articles shall be effective when filed with the Florida Department of State.

Executed by Carl L. Owenby, Jr. and Helen G. Owenby, the members of the Company, this day of December, 2012.

Carl L. Owenby, Jr., Member

Helen G. Owenby, Member

12 DEC 12 PH 2: 4:1
SECRETARY OF STATE

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this /2 the day of December, 20	012
by Carl L. Owenby as Member of Lake Talquin, LLC, a Florida limited liability company. H	le is
personally known to me or has produced	_ as
identification.	

NOTARY PUBLIC - STATE OF FLORIDA



Print, Type or Stamp Name of Notary Public

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this day of December, 2012, by Helen G. Owenby as Member of Lake Talquin, LLC, a Florida limited liability company. She is personally known to me or has produced ______ identification.

NOTARY PUBLIC - STATE OF FLORIDA

CATHI C. WILKINSON Commission # EE 011504 Expires October 11, 2014

Print, Type or Stamp Name of Notary Public