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Florida Department of State  
Division of Corporations  
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(((H13000150643 3)))



H13000150643ABCX

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FRANK H. FEE, III, ESQUIRE  
Account Number : I19990000154  
Phone : (772) 461-5020  
Fax Number : (772) 468-8461

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

Email Address: 306worth@gmail.com

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
INLET BEACH RESORT, LLC

Certificate of Status	0
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Page Count	02
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TALLAHASSEE, FLORIDA

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OUTLET  
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((H13000150643 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INLET BEACH RESORT, 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 Liability Company is:

**Principal Office Address:**

23285 Orange Avenue  
Fort Pierce, Florida 34945

**Mailing Address:**

23285 Orange Avenue  
Fort Pierce, Florida 34945

**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:

FRANK H. FEE, III, ESQUIRE

Name

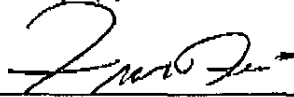
428 Avenue A

Florida street address (P.O. Box NOT acceptable)

Fort Pierce FL 34945

City, State, and Zip

*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)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):** (((H13000150643 3)))

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ASHTON DePEYSTER

306 Worth Avenue

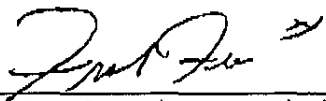
Palm Beach, Florida 33480

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(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. 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, P.S.)

FRANK H. FEE, III, ESQ., Authorized Representative  
Typed or printed name of signer

**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)