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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Allbrittons of Navarre, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marisa Joy Allbritton Name of Person
Allbritton'S of Navarre LLC Firm/Company
3008 AlFRED BLUD Address
Naugere, Florida 32566 City/State and Zip Code mall britton 560 yahov. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREW AILBRITTON at (850) 365-1229 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Status Status Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allbritton's OF Navarre, UC			
(Must contain 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: Mailing Address:			
3008 Alfred Blud 3008 Alfred Blud			
Navarre, Fl 32566. Navarre, Fl 32562			
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 mother business entity with an active Florida registration.)		10 55	1
The name and the Florida street address of the registered agent are:	>5: -	²⁰ ,	
		و م	
Marisa Joy Allbrittow	m-:	- -	السالار إ

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 605, F.S..

(CONTINUED)

X Abun Acy Allsotting
Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Marisa Joy Allheitton 3008 Alfred Blud Phyarre, Fl 32566
AMRR	ANDREW M. Allbritton 5. 50 3008 ALFRED ON THE STORY OF TH
	EF FLORIO
(Use attachment if necessary)	
the date of filing.)	fic and cannot be more than five business days prior to or 90 days after at the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
V Spein Con ON	X. Har
This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
Maria	Toy Albritton Typed or printed name of signee
ŭ	Typed of printed fidule of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)