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COVER LETTER

	New Filing Section Division of Corporations
aun ma	Karen Todd Properties, LLC
SUBJEC'	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Julie Ann Sombathy
	Name of Person
	Isler & Sombathy, P.A.
	Firm/Company
	P.O. Box 430
	Address
	Panama City, Florida 32402
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Julie Ann Sombathy 850 769-5532
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.001	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

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 OF KAREN TODD PROPERTIES, LLC

ARTICLE I - NAME

The name of the limited liability company is KAREN TODD PROPERTIES, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

6812 S. Lagoon Road

6812 S. Lagoon Road

Panama City Beach, Florida 32408

Panama City Beach, Florida 32408

ARTICLE III - REGISTERED AGENT. REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Karen Todd 6812 S. Lagoon Road Panama City Beach, Florida 32408

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.

Karen Todd

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Name and Address:

Karen Todd

6812 S. Lagoon Road

Panama City Beach, Florida 32408

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203(1)(b). Florida Statutes. 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.

Karen Todd

Typed or printed name of signee

