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| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
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| (Document Number) |
| Certified Copies Certificates of Status |
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COVER LETTER

| | lew Filing Section Division of Corporations | | | ** |
|-------------|---|-----------------|--|---|
| cup icci | Palace JH3 LLC | | | |
| SUBJEC1 | Name of | f Limited Liabi | ility Company | |
| The enclos | sed Articles of Organization and fee(| s) are submitte | d for filing. | |
| Please retu | urn all correspondence concerning thi | s matter to the | following: | |
| | Bethany Carroll | | | |
| | | Name o | f Person | |
| | Coleman Talley LLP | | | |
| | | Firm/C | отрапу | |
| | P.O. Box 5437 | | | |
| | · · · · · · · · · · · · · · · · · · · | Ado | Iress | |
| | Valdosta, GA 31603 | | | |
| | bethany.carroll@colemantalley.com | - | nd Zip Code | |
| | | | annual report notificati | on) |
| For further | information concerning this matter, p | lease call: | | |
| | Bethany Carroll | 229 | 671-8263 | |
| | Name of Person | Area Code | Daytime Telephone | e Number |
| Enclosed | is a check for the following amount: | | | |
| | 0 Filing Fee S130.00 Filing Fe Certificate of Status | s Certi | 55.00 Filing Fee & fied Copy nal copy is enclosed) | □\$160.00 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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | er Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| he name of the Limited Liabili | ity Company is. | | |
|--|--|---------------------------------------|--|
| Palace JH3 LLC | | | |
| (Must con | atin the words "Limited | Liability Company, | "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | | | |
| he mailing address and street a | address of the principal of | office of the Limited | Liability Company is: |
| Princip | oal Office Address: | | Mailing Address: |
| 4528 Fairwind Ct. | | 4526 | B Fairwind Ct. |
| 4520 I un wind Ct. | | | |
| Destin, FL 32541 RTICLE III - Registered Ag The Limited Liability Compan | y cannot serve as its own | & Registered Ager | in, FL 32541 |
| Destin, FL 32541 ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an | y cannot serve as its own active Florida registration address of the registered | & Registered Agent. Yon.) | in, FL 32541 nt's Signature: |
| Destin, FL 32541 ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an | y cannot serve as its own active Florida registration | & Registered Agent. Yon.) | in, FL 32541 nt's Signature: |
| Destin, FL 32541 ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an | y cannot serve as its own active Florida registration address of the registered | & Registered Agent. Yon) d agent are: | in, FL 32541 nt's Signature: |
| Destin, FL 32541 ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an | y cannot serve as its own active Florida registration address of the registered Judith S. Hathcock | & Registered Agent. Yon) d agent are: | nt's Signature: You must designate an individual or |
| Destin, FL 32541 ARTICLE III - Registered Ag | y cannot serve as its own active Florida registration address of the registered Judith S. Hathcock 4528 Fairwind Ct. | & Registered Agent. Yon) d agent are: | nt's Signature: You must designate an individual or |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Judith S. Hathcock 4528 Fairwind Ct. |
| | Destin, FL 32541 |
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| (Use attachment if necessary) | |
| • | (OPTIONAL) |
| CLEV: Effective date if other than th | he date of filing: (OPTIONAL) |
| CLE V: Effective date, if other than the effective date is listed, the date must | t be specific and cannot be more than five business days prior to or 90 days afte |
| CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does | t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed |
| CLE V: Effective date, if other than the effective date is listed, the date must | t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed |
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| CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that are | es not meet the applicable statutory filing requirements, this date will not be listed rement of State's records. If a member or an authorized representative of a member. If executed in accordance with section 605.0203 (1) (b), Florida Statutes. In the false information submitted in a document to the Department of State |
| CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that are | es not meet the applicable statutory filing requirements, this date will not be listed rement of State's records. A A A A A A A A A A A A A A A A A A A |
| CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that are | t be specific and cannot be more than five business days prior to or 90 days after a not meet the applicable statutory filing requirements, this date will not be listed retirent of State's records. of a member or an authorized representative of a member. The executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S. |

Filing Fees:

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)