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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

COST LIMIT: \$ Y25.00 ...

ORDER DATE:

ORDER TIME:

ORDER NO.: 339602-5

CUSTOMER NO:

DOMESTIC FILING

NAME: 1603 SEA DUNES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: KADESHA ROBERSON EXT. 62980

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:			
1603 Sea Dunes, L	LC			_
	in the words "Limited l	Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
1603 Sea Dunes Fernandina Beach, FL 32034		16	Kenneth G. Karns Golf Ridge Road, Unit 51 ton, MA 01590	
(The Limited Liability Company another business entity with an author the name and the Florida street	ictive Florida registratio	n.) dagent are:	You must designate an individual or	
		Name		
	1201 Hays Street			
	Florida street addres	s (P.O. Box <u>NOT</u>	icceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	I hereby accept the approvisions of all statutes re digations of my position Corporation Serv	ointment as registe elating to the prope as registered agen tice Conwany	e above stated limited liability compared agent and agree to act in this capared and complete performance of my dut as provided for in Chapter 605, F.S. XADESHA ROBERSON, ASSETUTE (REQUIRED)	city. I ies, and I
		(CONTINUED		

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Kenneth G. Karns MGR 16 Golf Ridge Road, Unit 51 Sulton, MA 01590 Anne Scales MGR 16 Golf Ridge Road, Unit 51 Sulton, MA 01590 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, 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

Filing Fces:

Typed or printed name of signee

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

constitutes a third degree felony as provided for in \$.817.155, F.S.

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Kenneth G. Karns