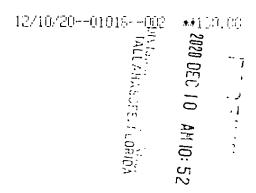
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CHD IFCT.	Sharon M.	Palmer Family E	Beach Hou	se, LLC				
SUBJECT:		Na	ame of Lin	nited Liabil	ty Company			
The enclose	ed Articles of	`Organization and	d fee(s) are	e submitted	for filing.			
Please retur	n all corresp	ondence concerni	ing this ma	itter to the f	ollowing:			
	Marion D. L	amb. III						
				Name of	Person			
	Lamb & Lai	nb						
	Firm/Company							
	217 Pinewood Drive							
•	Address							
	Tallahassee, FL 32303							
•			C	ity/State an	l Zip Code			
_		E-mail address: (t	to be used	for future a	nnual report notificat	ion)		
For further in	formation co	ncerning this mat	tter, please	call:				
ì	Marion D. Lamb, III 850				385-0501			
_	Name of Person Area Cod				Daytime Telephon	e Number		
Enclosed is:	a check for t	he following amo	ount:					
☐\$125.00 Filing Fee & Certificate of Status Mailing Address New Filing Section			ing Fee &	Certific	6.00 Filing Fee & ed Copy ed Copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
					Street Address New Filing Section Di	vision		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION

FOR

SHARON M. PALMER FAMILY BEACH HOUSE, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

The name of the Limited Liability Company is: SHARON M. PALMER FAMILY BEACH HOUSE, LLC

ARTICLE II Address:

The mailing address and street address of the principal office of the Limited Liability Company is 1519 Dempsey Mayo Road, Tallahassee, Florida 32308.

ARTICLE III Effective Date and Duration:

The Effective Date shall be the date of filing of these Articles of Organization and the period of duration for the Limited Liability Company shall be for a term of 50 years from the date of filing of these Articles of Organization unless sooner terminated in accordance with the Company's regulations or by unanimous written agreement of all members of the Company.

ARTICLE IV Purpose:

The Company is authorized to engage in any activity or business now or hereafter authorized by Florida law.

ARTICLE V Management:

The Limited Liability Company is to be managed by a manager elected by the members in accordance with the Company's regulations and is a manager managed Company, and the name and address of the initial manager is: Juanita Ann Palmer, 1519 Dempsey Mayo Road, Tallahassee, Florida 32308.

ARTICLE VI Admission of Additional Members:

Except as specifically provided in an operating agreement executed by all members, no member may sell, transfer, pledge or hypothecate in any manner his, her or its ownership interest in the Company (except for a transfer to an existing Member), unless all of the other Members of the Company (other than the Member proposing to sell, transfer of dispose of his, her or its ownership interest) approve of such proposed transfer or assignment of any Member's interest in the Company by unanimous written consent. Without such consent, a transferee of such membership interest shall have no right to participate in the management of the business and affairs of the Company or to become a substitute Member. The transferee shall be entitled to receive only the share of profits or other compensation by way of income and the return of contributions to which the transferee Member otherwise would be entitled.

ARTICLE VII <u>Members Rights to Continue Business:</u>

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolve without the prior written consent of all remaining Members of the Company.

JUANITA ANN PALMER

(In accordance with section 605.0201, Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT

In compliance with Section 605.0201, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the state of Florida.

1. The name and the Florida street address of the registered agent is:

Gwendolyn Palmer Adkins 1319 Thomaswood Drive Tallahassee, Florida 32308

ACKNOWLEDGMENT:

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 Florida Statutes.

Levendolyn Falmer Adkers Gwendolyn Palmer Adkins

Registered Agent Dated: December 10, 2020