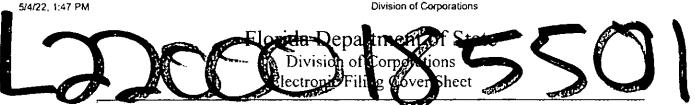
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000161612 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____ MRichter@madison1031.com

FLORIDA LIMITED LIABILITY CO.

23223 Front Beach, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: 17184082550 To: 18506176381

(((H220001616123)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

23223 Front Beach, LLC

(Must end with 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:

23223 Front Beach Rd. 317
Panama City Beach, FL 32413

Winchester, TN 37398

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 another business entity with an active Florida registration.)

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

John Jackson		
	Name	
23223 Front Beach Rd.	317	
Florida street address (P.O. Box <u>NOT</u> ac	eceptable)
Panama City Beach	FL	32413
City	State	Zip

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..

/s/ John Jackson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



17184082550

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Title: "AMBR" = Authorized N "MGR" = Manager	Member	Name and Address:
(Use attachment if neces	·	
FICLE V: Effective date, if of an effective date is listed, the date of filing.) te: If the date inserted in this document's effective date on FICLE VI: Other provisions, i	her than the date of filing date must be specific arblock does not meet the the Department of State fany.	c: (OPTIONAL) and cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be list's records.
FICLE V: Effective date, if of an effective date is listed, the date of filing.) te: If the date inserted in this document's effective date on FICLE VI: Other provisions, i	her than the date of filing date must be specific ar block does not meet the the Department of State	applicable statutory filing requirements, this date will not be lis
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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