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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120190008118
Phone : (850)769-3434
Fax Number : (850)769-6121

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

Email Address: jcampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO.
SALTY PARADISE, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
SALTY PARADISE, LLC**

ARTICLE I – NAME

The name of the limited liability company is SALTY PARADISE, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
1160 GULF SHORE DRIVE, # 1206A
MIRAMAR BEACH, FL 32550

Mailing Address:
P.O. BOX 869
SPOKANE, WA 32550

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

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

HAND ARENDALL HARRISON SALE, LLC
35008 EMERALD COAST PKWY, STE 500
DESTIN, FL 32541

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 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.

DocuSigned by:

Dina J. Manig

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HAND ARENDALL HARRISON SALE, LLC

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

JEFFREY SCOTT MILLER
728 W. 20TH AVE
SPOKANE, WA 99203


AMBR

SHAWNA KELLY MILLER
728 W. 20TH AVE
SPOKANE, WA 99203

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 07/05/2022.

REQUIRED SIGNATURE:

DocuSigned by:

477358450067430

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.

JEFFREY SCOTT MILLER

Typed or printed name of signer

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