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

From:

Account Name : HAAD ARENDALE HARPISON SALE LLC Account Number : 120190000123 Phone : (850)269-3434 Fox Number : (350)269-6121

\*\*Enter the enail address for this business entity to be used for future anomal report eailings. Fiter only one email address please.\*\*

Enall Address: Jcampfield@handfirm.com

# FLORIDA LIMITED LIABILITY CO. DESTIN EXECUTIVE AIRPORT PLAZA, LEC

Certificate of Status	
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# ARTICLES OF ORGANIZATION OF DESTIN EXECUTIVE AIRPORT PLAZA, LLC

ARTICLE I -- NAME

The name of the limited liability company is DESTIN EXECUTIVE AIRPORT PLAZA, LLC, ("company").

### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address: 11275 US HWY 98 SUITE 6304 MIRAMAR BEACH FL 32550 Mailing Address: 11275 US HWY 98 SUITE 6304 MIRAMAR BEACH FL 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 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.

HAND ARENDALL HARRISON SALE, LLC

Page 1 of 2

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# ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" - Manager

"AMBR" = Authorized Member

**AMBR** 

PACIFIC WIND ADVENTURES LTD.

11275 US HWY 98 SUITE 6304

MIRAMAR BEACH FL 32550

## ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 12-21-2022.

REQUIRED SIGNATURE:

Signature of a member or be authorized representative of a member

This document is executed in accordance with section 505.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree telony as provided for in s.817.155, F.S.

TERENCE W. SCOTT SARAH THI SCOTT

Typed or printed name of signee