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Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : 120190000128 Phone : (850)769-3434

Phone : (850)769-3434 Fax Number : (850) 424-5093

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

Email Address: |campfield@handfirm.com

FLORIDA LIMITED LIABILITY CO. DESTIN MEATH PROPERTIES, LLC

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ARTICLES OF ORGANIZATION OF DESTIN MEATH PROPERTIES, LLC

ARTICLE I - NAME

The name of the limited liability company is DESTIN MEATH PROPERTIES, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 453 CALHOUN AVENUE DESTIN, FL 32541 Mailing Address: 453 CALHOUN AVENUE DESTIN, FL 32541

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 C/O DION MONIZ 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.

Dien J. Manig

HAND ARENDALL HARRISON SALE, LLC

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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

SUSAN CUMMINS

453 CALHOUN AVENUE

DESTIN, FL 32541

AMBR

ENDA CUMMINS

453 CALHOUN AVENUE

DESTIN, FL 32541

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be $\frac{4/12/2024}{}$

REQUIRED SIGNATURE:

Susan Cummins

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 \$.817.155,

F.S.

SUSAN CUMMINS

Typed or printed name of signee