Port S City/State/	Address  H Dove FL.  Zip Phone #  850-227-	99 DEC 20 PM 3: 00  UER STATE DIVISION OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA  Office Use Only
015	NAME(S) & DOCUMENT NUM	cument #)
2(Corp	oration Name) (Do	L99-29008
4(Corpo		cument #)  Cument #)
NEW FILINGS	AMENDMENTS	<b>&gt;</b>
Profit	Amendment	Contracts (1443).
NonProfit	Resignation of R.A., Officer/Direct	tor
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	9000030755897 -12/20/9901103024 ****155.00 ****155.00
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CR2E031(1/95)		Examiner's Initials



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 20, 1999

J. PATRICK FLOYD WALK-IN

SUBJECT: ST. JOE SANDS, L.L.C. Ref. Number: W99000029008

We have received your document for ST. JOE SANDS, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 999A00059609

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99 DEC 20 PM 3: 59
SECRETARY OF STATE

## ARTICLES OF ORGANIZATION

OF

#### ST. JOE SANDS, L. L.C.

The undersigned, pursuant to the provision of Chapter 608 of the Florida Statutes (the "Florida limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

#### NAME.

The name of the Limited Liability Company is ST. JOE SANDS, L.L.C., (hereinafter referred to as the "Company").

#### 1. PERIOD OF DURATION

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company. The effective date of the Limited Liability Company shall be December 16, 1999.

# 2. PURPOSE.

The purpose for which the Company is organized is to purchase, own, sell, mortgage, and do everything incidental or necessary relating to real property and personal property, including farming, timber farming, development, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

DEC 20 PH 3: 59

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# 3. ADDRESS OF PLACE OF BUSINESS

The street address of the place of business in Florida for the Company is: 11010 W. Cove Harbor Drive, #17, Crystal River, Florida 34269. Such address may be changed from time to time as provided in the Operating Agreement.

## 4. REGISTERED AGENT

The initial registered agent in Florida for the Company is: J. Patrick Floyd and the initial registered office is located at 408 Long Avenue, Port St. Joe, Florida 32456.

# 5. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: \$1,000.00.

## 6. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

# 7. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least one (1) member (the "Member"). New Member may be admitted in the manner provided in the Operating Agreement.

# 8. CONTINUITY OF BUSINESS.

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

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# 9. MANAGEMENT.

The management of the Company shall be reserved to the Members. In the event of the death of a Manager, the remaining Manager(s) shall serve until the next meeting of the Members and until a successor (if any is elected) for the deceased Manager is qualified. The names and addresses of the Members who are to serve as the managing Members (the "Managers") until the first annual meeting of Members or until their successors are duly elected and qualified are as follows:

- William T. Simpson, 34100 Buffalo Park Road, Evergreen, Colorado 80439
- Thomas Landy, 25178 Genessee Trial Road, Golden, Colorado 80410

# 10. INDEMNIFICATION

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Evergreen, Colorado on the 17 day of December, 1999.

By: William W Sumpon 64 20 PH 3: 57 A THOMAS LANDY

STATE OF COLORADO COUNTY OF ( ) sure

The foregoing instrument was acknowledged before me this \( \frac{17}{2} \) day of December, 1999, by WILLIAM W. SIMPSON and THOMAS LANDY members of St. Joe Sands, L. L.C., a Florida limited liability company, on behalf of the company. They are personally known to me or gave produced as identification.

NOTARY PUBLIC

My Commission Expires\_

12,2002

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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 of the Limited Liability Company is:

	<u> </u>
2. The name	and the Florida street address of the registered agent and office are:
	State: ch & Loy (Name)
•	Florida street address (P.O. Box NOT ACCEPTABLE)
	Post St. Joe A. 32456
	City/State/Zip
agent and agre relating to the p	amed as registered agent and to accept service of process for the above stated limited my at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, F.S

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

25.00

30.00

5.00