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ACCOUNT NO.	:	072100000032
REFERENCE	:	704763 7214072

AUTHORIZATION :

N.

ORDER DATE : May 19, 2000

ORDER TIME : 2:27 PM

ORDER NO. : 704763-005

200003269882--9

CUSTOMER NO: 7214072

CUSTOMER: Ms. Carmine Arnone — MS. CARMINE ARNONE

MS. CARMINE ARNONE MS. CARMINE ARNONE

9007 Boca Gardens Cir. Co

COST LIMIT : \$ 125.00

Ste B

Boca Raton, FL 33496

DOMESTIC FILING

NAME: WHITESANDS, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse

EXAMINER'S INITIALS:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHITESANDS LLC

ARTICLE II - Address:

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

9007 Boca Gardens Circle South, Suite B, Boca Raton, Florida 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company				
Name				
1201 Hays Street				
Florida street address (P.O. Box NOT acceptable)				
Tallahassee FL 32301				
City, State, and 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 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)		
Signature of a member or an authorized representative of a member.		
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	0011	SAID
Laura R. Dunlap Typed or printed name of signee	30	
FILING FEES: \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)	PH 1: 14	