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Florida Department of State
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From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
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LIMITED LIABILITY COMPANY
SECRET DES ILES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing

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2004 APR 14 AM 9:23
DIVISION OF CORPORATIONS
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(Handwritten scribbles)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:
The name of the Limited Liability Company is:

Secret des Iles, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11536 Paradise Cove Ln
Willington, FL 33467

Mailing Address:

11536 Paradise Cove Lane
Willington, FL 33467

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Marie Roberte Laurent
Name

11536 Paradise Cove Lane
Florida street address (P.O. Box NOT acceptable)

Willington FLORIDA 33467
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, Florida Statutes.

Marie R. Laurent
Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MARIE ROBERTE LAURENT
11536 PARADISE COVE LAKE
WILMINGTON FL 33467

MGRM

PATRICE GAETAN
60 RUE SAN ANTOINE
PETION-VILLE HAITI

MGRM

MARIE ROBERTE LAURENT
11536 PARADISE COVE LAKE
WILMINGTON FL 33467

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Marie Roberte Laurent
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.)

MARIE ROBERTE LAURENT
Typed or printed name of signer

- \$0.00 Filing Fee
- \$175.00 Filing Fee for Articles of Organization
- \$ 15.00 Designation of Registered Agent
- \$ 10.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)