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From:		- F <u>ē</u>
-	Account Name : CSH SERVICES, LLC	<u>m</u>
	Account Number : 120070000160	55
	Phone : (800)494-3124	- 점점
	Fax Number : (561)455-9885	i i i i i i i i i i i i i i i i i i i

## FLORIDA LIMITED LIABILITY CO.

### Pure White Sands LLC

Certificate of Status	0	
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October 17, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSH SERVICES, LLC

SUBJECT: PURE WHITE SANDS LLC

REF: W12000053216

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Deborah Bruce Regulatory Specialist II FAX Aud. #: H12000250213 Letter Number: 412A00025595

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

### ARTICLE I NAME

The name of the Limited Liability Company is:

PURE WHITE SANDS LLC

### ARTICLE II ADDRESS

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

15 SOMERSET STREET UNIT 602 CLEARWATER, FLORIDA 33767

# 12 OCT 16 PH 2: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

WILLIAM LAGAMBA
15 SOMERSET STREET UNIT 602
CLEARWATER, FLORIDA 33767

Having been named as registered agent 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.

WILLIAM LAGAMBA / Registered Agent's signature

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### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

### ARTICLE V MEMBERS

MANAGING MEMBER
WILLIAM LAGAMBA
15 SOMERSET STREET UNIT 602
CLEARWATER, FLORIDA 33767

MANAGING MEMBER
MICHELE LAGAMBA
15 SOMERSET STREET UNIT 602
CLEARWATER, FLORIDA 33767

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SECRETARY OF STATE

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.

WILLIAM LAGAMBA