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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

ws biscayne holdings, llc

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

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION
FOR
WS BISCAYNE HOLDINGS, LLC

(3)

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

WS BISCAYNE HOLDINGS, LLC

ARTICLE II - ADDRESS

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

1159 Hillsboro Mile, Hillsboro Beach, Florida

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV - MANAGEMENT

The Company is to be managed by manger(s) of the Company. The initial manager of the Company is:

Warren Sabloff
1159 Hillsboro Mile
Hillsboro Beach, Fla.



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Warren Sabloff

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**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.

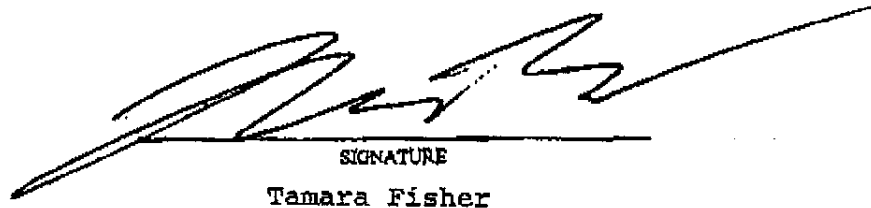
1. The name of the limited liability company is: WS BISCAVNE HOLDINGS LLC
2. The name and the Florida street address of the registered agent are:

TAMARA FISHER
NAME

173 Root Trail
Florida street address (P.O. BOX NOT ACCEPTABLE)

Palm Beach, Florida 33480
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.


SIGNATURE

Tamara Fisher

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