

W030000 24351

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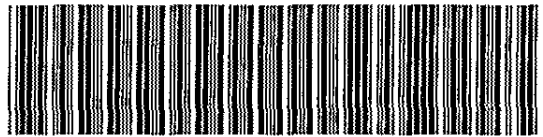
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W03-18365



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fauna Whitman GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article I Take out in.
DATE 7/3/03
DOC. EXAM not

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DS Projects, - LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura C. Whiteman

(Name of Person)

DS Projects, LLC

(Firm/Company)

5094 SE Inkwood Way

(Address)

HOBE SOUND, Fla. 33455

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Laura Whiteman

(Name of Person)

at (772) 219-9692

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 26, 2003

LAURA C. WHITEMAN
5094 SE INKWOOD WAY
HOBE SOUND, FL 33455

SUBJECT: DS PROJECTS INC. LLC
Ref. Number: W03000018365

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for DS PROJECTS INC. LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE ARTICLES I AND II.,

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 503A00038854

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DS Projects, LLC

ARTICLE II - Address:

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

7190 Federal Hwy, Suite 3
Stuart, Fla. 34997

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

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

T. Richard Gascoigne
Name
8094 SE Inkwood Way
Florida street address (P.O. Box NOT acceptable)
HOBBSOUND, FL 33455
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Richard Gascoigne
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Laura C. Whiteman
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.)

Laura C. Whiteman
Typed or printed name of signee

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)